State of Maryland / Department of Health and Mental Hygiene Certificate of Death

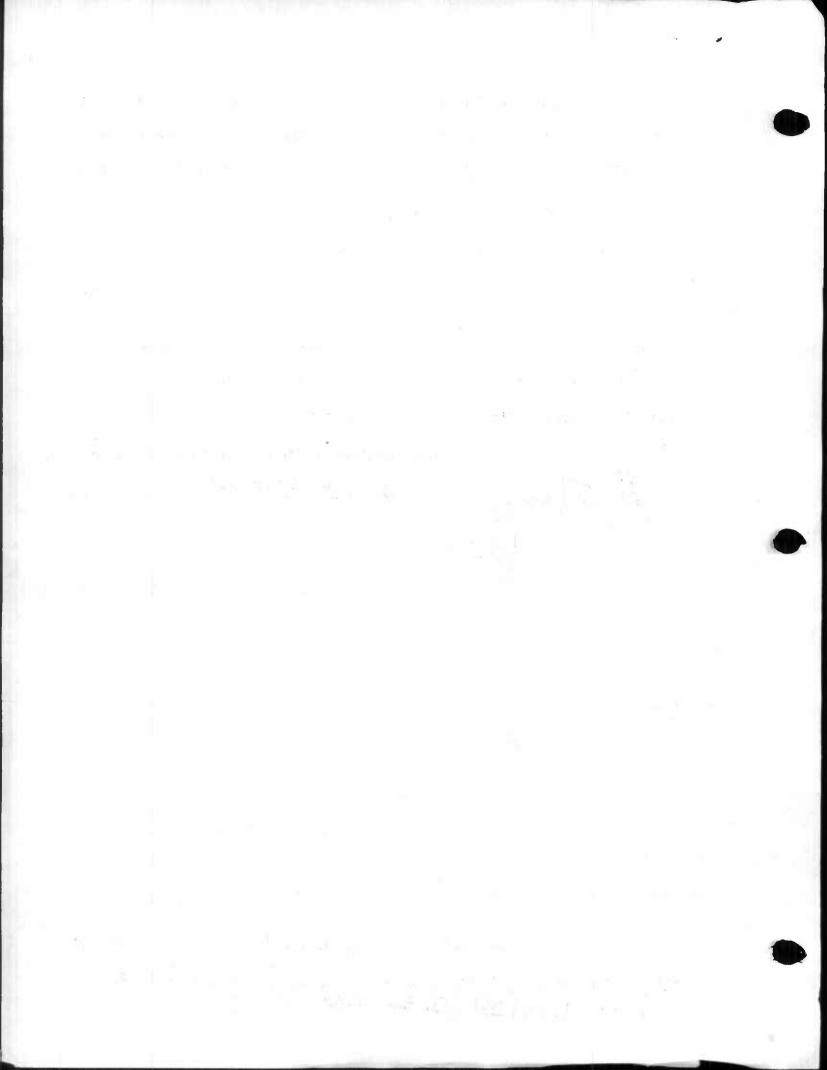
2. Dete of Deeth

3 Time of Death

			1. Decedent's Nem	ne (First, A	fiddle, Lest)
			E	Carl	Cha
			4a. Facility Name (If not Instit	tution, give s
			William	Hill	Healt
	uneral		5. Social Security	Number	6. Sex
C	irector		214-07-	7854	1 🖾
70			Usual Residenca o	f Deceder	nt
dan	M #		10a. State	10b. Co	unty
Many	filed.	tor	Maryland	Doı	chest
h th	128	Te l	10e. Street and Nu	mber	
th with	23a o	ai D	525 Gle	nburi	n Aven
dea	E 3	ne	11. Maritel Status		1
fter	른를	E	1 Never Merr	ied 2	Merried
ours a	Exa.	by	3 🖾 Widowed	4 Divo	rced
72 hc	lical.	ted	(Soe		dent's Educ
		/Medic Examir Funeral Director	Director	Physician /Medical Examiner William Funeral Director 5. Social Security N 214-07- Usual Residence of 10a. State	/Medical Earl 4a. Facility Name (If not Institution William Hill Funeral Director 214-07-7854 Usual Residence of Deceder 10a. State 10b. Co

Month March 18,1997 Earl Charley Wallace 7:45PM 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth William Hill Health Care Center Dorchester Cambridge 5. Social Security Number 7. Aga (In yrs. last birthdey) If Under 24 Hrs. 8. Data of Birth (Month, Dey, Yaer) Sept 6,1906 Birthplece (Stete or Foreign Country) Days Maryland 214-07-7854 90 Usual Residence of Decedent 10a State 10b. County 10c City Town or Location 10d. Inside City Limits XXYes 2□No Dorchester Maryland Cambridge 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 525 Glenburn Avenue 21613 US 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes XXNo If Yes, Give Yeer or Detas: 11 Maritel Status 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuben, Mexicen, Puarto Rican, atc.) 14. Race - American indian, Black, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes XX No Specify: White 3 N Widowed 4 Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Baltimore, Maryland 21215 pernit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than " Compl Elementery/Secondery (0-12) College (1-4or 5+) Equipment Operator Construction 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Lorenzo Dow Wallace Della Meekins 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Routa Number, City or Town, Stete, Zip Code) Alice Bridge Todd 2 Bay View Avenue Cambridge, Maryland 21613 Niece injury or other 20b. Plece of Disposition (Neme of camatary, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Dorchester Memorial Park 3/21/97 Cambridge, Maryland 22. Name end Address of Facility
Thomas Funeral Home, P.A. 21. Signature of Funeral Service Lipensee 700 Locust Street Cambridge, Maryland 21613 23a. Part1/Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock or heart feiture. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** Immediate Causa (Final disease or condition resulting in deeth) /Medical Examiner Examiner physicien and the burief-trensit Hospital or Attending Physician: The law requires that the death certificate be executed
24 hours after deeth.
 Funeral Elrector: After this certificate has been signed by the ettending physician and
leiely filled in by the funeral director, pege 2 should be detached for use as the buriel-transit Sequentially list conditions, if eny, laeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Box 68760. Completed by Physician/Medical Due to (or es a consaquence of) Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1□ Yes 2⊠No 1 TYas 2 TNo 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only ona) Hospital: 1 inpatient 2 ER/Outpetient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicida 28a. Place of Injury - At home, ferm, straat, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 T Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, data and plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end placa, end due to the cause(s) end menner stated. Medical 29a. Certifier To the Hosp within 24 hos To the Fune completely fi (Check only 29b. Signature and title of certifier 29c. Licensa number 29d. Dete signed (Month, Day, Year) Decletall 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Cambride, MD 21613 15 Trauclin lanman 31. Date filed (Month, Day, Yeer) 32. Registrer's Signature Shardall State 9 Registrar

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene 97

						Cei	tificate (of Dea	ath		Reg. No.	•	
			1. Decedant's Neme (First, Midd	lle, Last)			4.4	,		2. Dete of De			3. Time of Death
	Physic		Lola	M	ae		W	150		Month	Day 12 1997	Yeer	0205
À	/Medi Exami		4a. Fecility Neme (If not institution						y, Town, or I	ocation of Deat	1		0703
7	LAGIIII	ici	PENINSULA REG			NTER		S	ALISBU	IRY	WIC	OMICO)
	Euparal		5. Sociel Security Number	6. Sex	7. Age (In yrs	. last birthday)	If Undar 1 Y	aar If U	ndar 24 Hrs.				
	Funeral Director	н	214-28-8209	1□ M 21 F	,	63 Yrs.	Months - D		urs Min.	8. Data of Big (Month, De	y, Year)		oleca (Stata or Foreign
			Usuei Residence of Decedent	1						Feb. 2	1,1934	Mar	yland
	fand		10a. Stete 10b. County	/	10c. C	ity, Town or Lo	cation					T	10d. Inside City Limits
	Mery	ō	Maryland Wicon										1 X Yas 2 No
	158. 28.	Director	10e. Street end Number	птсо	Sa	lisbury	10f. Zip Co	de			10g. Citizen of	What Cour	ntn/2
	A P	ā										Wilet Cou	lity !
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	er de	5	11. Meritel Status	Armed 8		J,S. 13. 1	Yas Decedent f Yes, specify	of Hispani Cuban, Me	c Ongin? (S xican, Puert	pecify Yas or No o Rican, etc.)	- 14. He	ck, White,	can Indien, etc.
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Ŋ	72	Completed	15. Deceder (Specify only highs	nt's Education I <i>st grad</i> a <i>completed</i>)	16e. Deced	lent's Usuel O kind of work d OO NOT use re	ccupation one during	most of wor	king	16b. Kind of B	usinass/in	dustry
12	within ene. then	Id III	Elementery/Secondery (0-12)	College	(1-4or 5+)			etired)				_	
	should be filed within of Mental Hygiene. marked other than imatic event, the M		3rd			Labo	rer						is/ Factory
n n	d of H	Be	17. Fathar's Name (First, Middla,	Last)				18. N	Aother's Nen	ne (First, Middle	, Melden Sumer	na)	
yla	should be nd Mental marked o	2	James Rounds					Н	azel A	Ayers			
Maryland	s 1 and 2 should be filed within f Health and Mental Hygiene ttem 27 is marked other than ' other traumatic event, I've Me		19e. Informant'a Name/Reletions	ship (Type, Print)		19b. Meilir	g Address (St	reet and N	um <i>ber</i> or Au	ral Routa Numb	er, City or Town	, Steta, Zip	Code)
-	1 end 2 Health em 27 I		Cecil Wise/ H	Husband		80	1 Price	es Ro	ad, Sa	alisbury	, Md.	21801	
ore.	ges 1 end t of Health if item 27 or other to		20e. Method of Disposition			Plece of Dispo cematery, cran	sition (Nema o	f		Dete	20c. Location		
E	Peges vent of I mt: If ite		1 Burial ≥ 2 Cremetion 4 Donetion 5 Other (5			Ť	•			100/07			
Baltimore,	- 555		21. Signature of Funeral Service		FI	t Wesle	. Nema and A			5/42/9/	Snow H	ill,	Md.
Ba	Department of the partment of		100 C	17. ·						eral Ho	me		
		Щ	A march	Sun	ce		P.O. I	Box 1	687. E	Easton.	Marylan	d_21	601
п			23e. Pad. Entar tha disease, o shock, or heart feilure. List	r complications that t only one cause on	caused the dee aech line.	th. Do not anti	ar tha moda of	dying, suc	h es cardied	or raspiratory a	rrest,	i	Approximate Interval Between
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ч	/Medical		Immediete Ceusa (Final diseese or condition	191	ASC	18706	2						14 miles
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m.	The law requires that the death on the last been signed by the attendage 2 should be deteched for u	Physician	Pert II. Other significant condition	one contributing to	death but not re-	sulting in the ur	rdarlylna caus	a civen In I	Part I	23h Did	tobacco use co	ntribute t	o the cause of death?
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of Vital Records,	ulras ul sign	d b		A-						24e Wes	an eutopsy	24b. W	era autopsy findings
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/##	Physician: The Lithis certificate he	Be	25. Wes case referred to medica examiner?						Place of Dee	th (Check only	one)		
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2	ding Ph h. After th funeral	: "	27. Menner of Deeth 1 ☑ Neturei 5 ☑ Pendir	28a. Dete	of Injury oth, Dey Year)	28b. Time of Injury	28c.	Injury at Work?		28d. Dascribe	how injury occur	red	
Division	Attending ir death. ector: After by the fune	atie	2 ☐ Accident investi	gation				1 Yes	2 🗆 No				
<u>×</u>	or Attendiates of the Attendiate	tific	3 Sulcida 6 Could 4 Homicide determ	nined 286. Piec	e of Injury - At h	ome, ferm, str	et, fectory, off	ice		28f. Location (City or To		ber or Rure	I Route Number,
Ö	o after	Certification:	421101110100	Dunc	ing, atc. (Speci	(y)				City or To	wii, Siela)		
	hour hour mera y fills		29e. Certifier 12 Certifyir	ng Physician: To th	e best of my kno	owledge, deeth	occurred et th	e time, dat	te end plece	end due to the	cause(s) end me	enner as s	tated.
	Fu Setal	edical	(Check only 2 Medical one)	Examiner: On tha I end me	pasis of examine nnar steted.	etion and/or Inv	estigetion, in r	ny opinion,	death occu	rred et the time,	dete end plece,	end due to	the cause(s)
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	X	29b. Signatura and title of certifia	r			29c. Llo	ansa num	ber		29d. Date signe	d (Month,	Dey. Year)
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			30. Name and address of person	<	12 . 0	MI	Print)	2	51	ces an	2 7	0 1	
					7 -13	With wo	3 0	cone	214	200	12 61	00	7
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death

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nd.	
	9

10d. Inside City Limits

Approximate Interval Betw Onset and Death

4 Unknown

1 Yes 2 □ No

Physician /Medical Examiner

RICHARD

1. Decedent's Name (First, Middle, Last)

CHARLES

WILSON

Month

2. Date of Death

3. Time of Death Year 1:58P.M.

Funeral Director the Maryland

28a-f show 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, "na Modical Experient must be notified at Director Funeral by Completed Be

Peges 1 and 2 should be filed within 72 hours effer inent of Health end Mentel Hygiene. nt: If Item 27 Ia marked other than "natural", or ite permit. Pages 1 and 2 s Depertment of Health er Important: If Item 27 la any Injury or other trau

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Records,

Division of Vital

Physician /Medical Examiner

Examiner physician and the burial-transit Physician/Medical ettending p signed by t d be detect þ Completed peen page 2 certificete To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, Be 2 Certification:

1 Naturel

15 1997 MARCH 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death SHOCK TRAUMA CENTER BALTIMORE 6. Sex 1 M 2 □ F If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Feb 10, 1937 9. Birthplace (Stete or Foreign Country) Maryland Social Security Number 7. Age (In yrs. lest birthday) Days 216-34-0803 Yrs. 60 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location Maryland Harford Bel Air 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 13 Bonnie Avenue 21014 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Never Married 2 ☐XMarried 1 ☐ Yes 2X No Specify Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grede completed) 16a. Decadent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Automotive Repair Owner/Operator 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Violet Gertrude Craft Frederick Charles Wilson, Sr. 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 13 Bonnie Ave., Bel Air, MD 21014 Nancy G. Wilson - Wife 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 4 Donation 5 Other (Specify) Bel Air Memorial Gardens 3/18/97 Bel Air, Maryland 21. Signature of Funeral Servi 22. Name and Address of Facility Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, MD 21009

1309 About tonly one ceuse on each line.

1318 F.A

1319 Cokesbury Rd., Abingdon, MD 21009

Applications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Applications that caused the death. ter the distant heart failure. Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequenca Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 24a. Was an autopsy performed? Were autopsy findings available prior to completion of cause of death? 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work?

09/8M STruck Vehicle 2 Accident 3 Sulcide investigation 1 ☐ Yes 2 I No 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, State) Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide outil52a Vonderay intaland County he time, dete end placa, and due to the couse(s) end manner es stated. 1 Certifying Physician: To the best of my knowledge, death occurred by he time, dete end placa, and due to the ceuse(s) end manner es stated.

2 Medical Examiner: On the basis of examination end/or investigation on my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

30. Name end eddress of person who completed cause of deeth/ykem 23a) (Type, Print)

5 Pending

O.C.M.E.

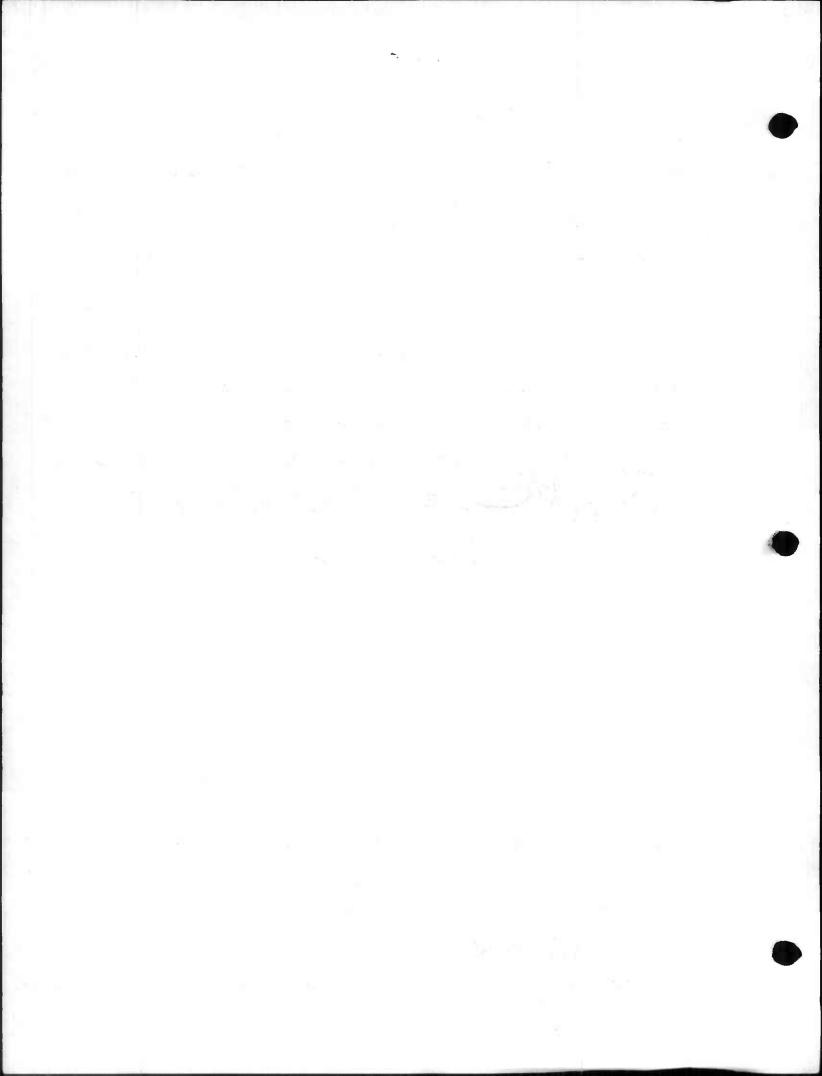
111 Penn Street, Baltimore, Maryland 21201

MARCH 16,1997

State Registrar

Medical

HEODORE Mikes 32. Registrar's Signature 31. Date filed (Month, Day, Year) 1997 8



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month WAITER 171/BERT MARCH 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Bel Air Nursing & Rehabilitation Center Bel Air Harford 7. Age (In yrs. lest birthdey) | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Months, Dey. Year) | 71 | Yrs. | Months | Deys | Hours | Min. | Aug. | 17, 1925 Birthpiece (Stete or Foreign Country) 6. Sex M 2□F Maryland 10c. City. Town or Location 10d. Inside City Limits Churchville Harford 1 ☐ Yes 2 ☑ No 10f. Zip Code 10g. Citizen of Whet Country? 21028 USA 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc.

21009

24b. Were autopsy findings available prior to completion of ceuse of death?

1 ☐ Yes 2 ☐ No

24e. Wes en eutopsy performed?

Other: 4 Nursing Home 5 Residence 8 Other (Specify)

26. Place of Deeth (Check only one)

1 Yes 2 No

28d. Describe how injury occurred

125 M. MAIN ST., BEZAIR, MO 21014

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Dete signed (Month, Dey, Yeer)

MARCH 15, 1997.

Funeral Director

Director

Physician

Examiner

/Medical

KAVMOND

10b. County

5. Social Security Number

213-28-5607

10e. Street end Number

1 Woodside Drive

10e. Stete

Maryland

r than "natural", or items 23s or 28a-f the Medical Examiner must be notifie al Hygiene. permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Nem 27 is marked oth any injury or other traumatic event

Maryland 21215-0020

Baltimore,

Physician /Medical Examiner

physician end the buriel-transit P.O. Box 68760, signed by the at Id be datached fo should certificate Division of Vital Attending Physician: funerai Ne Hospital or Attending in 24 hours after deeth.

the Funeral Director: After Funeral Director in the funeral part of the fun To the Hospi within 24 hou To the Funer completely fil

Completed

Be

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Certification:

icai

Med

State

Registrar

11. Maritel Status 1 ☐ Never Merried 2 ☐ Merried 1 Yes 2 No If Yes, Give Year or Detes: 1 ☐ Yes 2 ☑ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Eiementery/Secondery (0-12) College (1-4or 5+) Manufacturing 1 6 Automatic Welder 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surname) Walter Ethel Maye Knight Charles Samuel 0 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Betty J. Walter, wife 200. Method of Disposition 1 Woodside Drive, Churchville, Maryland 21028 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Bel Air Memorial Gardens 3/18/97 Bel Air, Maryland 21: Signature of Funerel Service Licenses 22. Name end Address of Fecility Howard K. McComas III Funeral Home, P.A. Comas 1317 Cokesbury Road, Abingdon, Maryland 23a Parti Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear failure. List only one cause on each line. Approximate Interval Between Onset end Deeth immediate Cause (Fine) PEUMONIA, ASPIRATION diseese or condition resulting in deeth) Examiner Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Physician/Medicai Due to (or es e consequence of) Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Nnknown PARKINSON'S PISEASE þ

Lew Novalinstr 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) ANDREW NOWAKOWSKI 31. Dete filed (Month, Day, Year)

29b. Signeture end title of certifier

MAR 1 8 1997

1 Yes 2 No

27. Manner of Deeth

1 Neturel 2 Accident

3 Suicide

29a. Certifier

4 Homicide

MP 32. Registrer's Signature

MUHTINFARCT DEMENTIA

28a. Dete of Injury (Month, Dey Year)

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work?

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and due to the cause(s) and menner as stated.

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. License number

1 Yes 2 No

DO 9086

25. Wes case referred to medical examiner?

5 Pending investigation

6 Could not be determined

DHMH 16 Ray 6/95

Note that the second of the se

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 10005 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth MANFred Month Day Yeer **Physician** WEFNER MARCH 13,1997 7:30 a Burton /Medical 4e. Fecility Neme (If not institution, give street end numbar) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 8. Date of Birth (Month, Day, Year)
Mar. 13, 1930 6. Sex 1 ☑ M 2 ☐ F If Under 1 Yaar If Under 24 Hrs. Hours Min. 5. Social Security Numbar 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Deys Yrs 214-30-4682 67 Director Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 2 should be filed within 72 hours after death with the Maryla and Mental Hygiena. Is marked other than "natural", or items 23a or 28a-f show aumetic event, the Medical Examiner must be notified at 1 Yes 2 No Directo Harford Maryland Bel Air 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1102 Barkley Place 21014 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 XYes 2 No
If Yes, Give
Year or Dates: Korea 1 Nevar Married 23 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: þ Specify: 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) 5 + Elementery/Secondary (0-12) Public Education High School Teacher traumatic event, 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Bernard Louis Werner Lillian (u/k)Tolson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Pages 1 and 2 sinent of Health and Peggy J. Werner - Wife 21014 1102 Barkley Place, Bel Air, MD item 2 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Locetion - City or Town, Stete 20e. Method of Disposition Date permit. Pages Department of Important: If it any injury or c 1 Burlal 2 □ Cremation 3 □ Removal from Stata 3-17-97 Bel Air, Maryland Bel Air Memorial Grdns 4 Donetion 5 Other (Specify) 22. Name end Address of Fecility Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, MD 21009 23a. Pert1. Entar I/e disease, or complications that dausad tha death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, shock, or heert feilure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Final disaese or condition resulting in death) · Enterococcemia Examiner Due to (or es e consequence of): Physiclan/Medical Examiner Myelonovogytic physician and the bunal-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in deeth) Lest Box 68760. Due to (or es e consequence of): for use as ed by the a P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24e. Wes en eutopsy

The law requires that the death certificate be asscuted Records, page 2 s has Division of Vital this ne Hospital or Attending Pin 24 hours after death.

Funeral Director: After the pletely filled in by the funeral

Be

Certification: To

edicai

29b. Signature and title of certifie

G-lAd

30. Name and eddress of person who completed ceuse of death (Item 23e) (Type, Print)

M.D.

P. Registrar's Signature

24b. Were eutopsy findings available prior to completion of cause of deeth? performed? 2 X No 1 □ Yas 2 □ No 1 ☐ Yes 25. Was cese referred to medicel exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred 1 DeNaturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 281. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicida Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 29e. Certifier 1 🗷 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) end menner es steted. 2 Medical Exeminer: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. (Check only one)

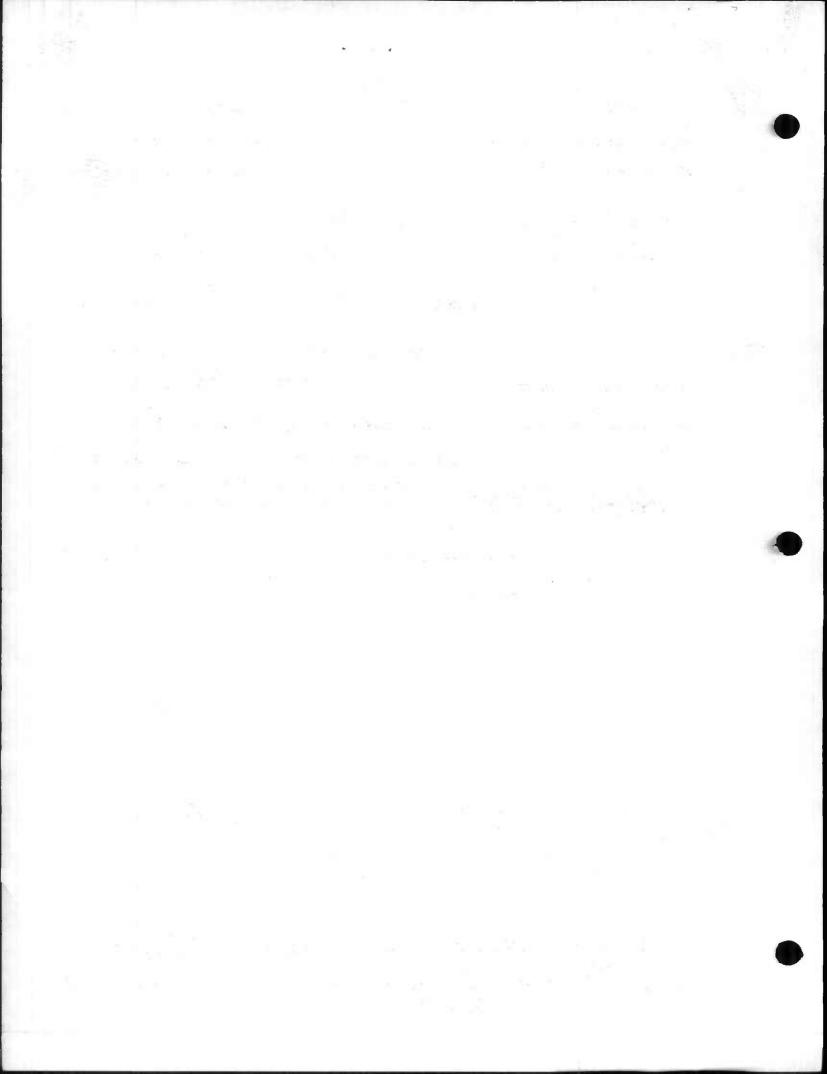
29c. License number

600 Nuth Wolfe street Baltimore

29d. Data signed (Month, Dav. Yeer)

State Registrar

To the Hosp within 24 ho To the Fune completely fi



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

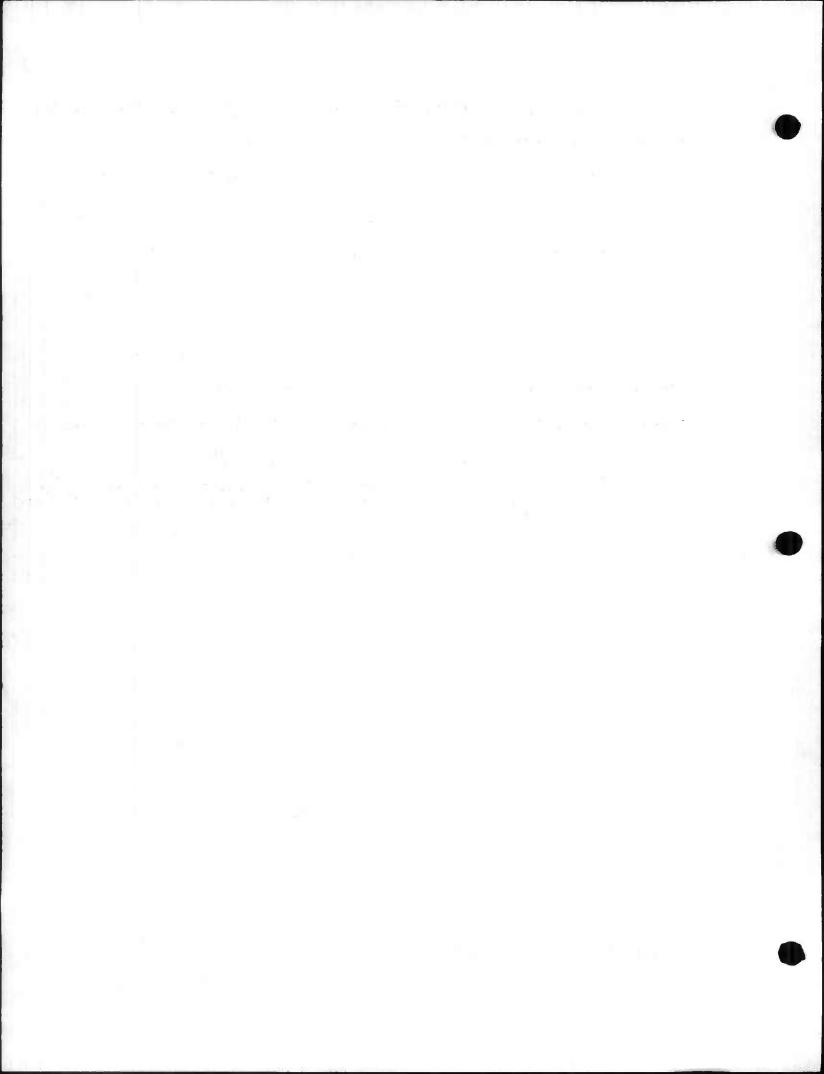
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			lersv	111e Zip Code			10g. Citizen of V	Phot Count			
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medical	112-24-1								IS AT ME		
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Could not be determined	28e. Placa of Injurbuilding, etc.	ry - At home, fer (Specify)			163 2010	28f. Location (City or To	Street end Numbe wn, Stete)	or Rural i	Route Number,		
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f certitier			2	9c. Licens	e number		29d. Date signed	(Month, D	ey, Year)		
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person who co	ompleted cause ot dea	ath (Item 23e) (1	Type, Print)	58	70 BE	AIR R	2	/			
		, MD		137	210. 1	10 2/2	-06				
P.	person who co	verson who completed cause of dea	/ Dai/	7 Dai/ 32. nedistrer sasidifeture	person who completed cause of death (Item 23e) (Type, Print) 58 00 V. FERSED, MD BA Year) 32. Registrer's Signeture AR 1 7 1997 Suha Jaujdan Rindelle	(bai) 32. nedistrer subtribute	7 Dai / SZ. Negistiei S_Signeture	rear / 52, nedistrer saldreture	person who completed cause of death (Item 23e) (Type, Print) 5810 BELAIR RD DO J. FERSED, MD BALTO, MD 21206 Year) 32. Registrer's Sloneture		

Amend # 19A cms 3/19/97

State of Maryland / Department of Health and Mental Hygiene

97 10007

_				Cen	ificate of i	Death	R	eg. No.		. 000
	Physic /Medi		1. Decedent's Neme (First, Middle, Lest) L: LLiaN E. WOL	F			2. Date of Dee Month	Day	4 °°°	3. Time of Death
	Exami	ner	4a. Facility Neme (If not institution, give street end number) St. Elizabeth Nursing Home 5. Sociel Security Number 6. Sex 7. Age (In yrs. last b	virthday)	if Under 1 Year	Baltimo If Under 24 Hrs.	re	4c. County		and /State or Fernism
	Funeral Director		332-09-9341 1□ M 2☑ F 89 Usual Residence of Decedent	Yrs.	Months Deys	Hours Min.	8. Date of Birth (Month, Dey Nov16,	Year) 1907		ace (Stete or Foreign ry) inois
	e Maryland 3a-f show	Director	MD Baltimore City Ba	wn or Loca 11 til					10	od. Inside City Limits 1 No 2 No
	th with th		3320 Benson Avenue		10f. Zip Code 2 1 2 2 8		1	0g. Citizen of V USA		ry?
320	72 hours efter death with the Maryland netural; or items 23a or 28a-f show dies Examiner must be notified at	by Funeral	11. Maritel Status 12. Was Decedent Ever in U,S. Amed Forces? 1 □ Never Merried 2 □ Married 1 □ Yes 2 ☒ No If Yes, Give Year or Detes:	If Y	as Decedent of H Yes, specify Cube	ispanic Origin? (Spo n, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	14. Rac Blac Specify	a - America ck, White, e	ite
21215-00	within ene. than "	Completed	15. Decedent's Education (Specify only highest grede completed) Elementary/Secondery (0-12) College (1-4or 5+)	(Give kii life. DC	ont's Usuel Occupind of work done of NOT use retired	during most of work	ing	16b. Kind of Bu		ustry
yland 2	tel Hyg d other	To Be Co	10 17. Fether's Neme (First, Middle, Last) Henry Brickner		I U S C I	18. Mother's Name	(First, Middle, I	Maiden Sumer		
Baltimore, Maryland 21215-0020	l end 2 lealth e m 27 ls		Jackie Priddy/viece niece 4 20a. Method of Disposition 20b. Plece compate	456]	Lymingt	on Rd.,	Sever		k, M	D 21146
Baltim	permit. Pages 'Depertment of H Important: If ite any injury or of		4 Donetion 5 Other (Specify) Hillc 21. Signature of Functor Service Licensee	Barr	Name end Addres	Sons,	P.A. Se	Cumbe	Par	d, MD Home k Funera , MD2114
	Physician /Medical Examiner		23a. Pert 1. Enter the disease, or complications that caused the deeth. Do shock, or heert feilure. List only one pause on each line. Immediate Cause (Final disease or condition resulting in deeth) Due to (or es each condition for the cause)	not enter	the mode of dyln	g, such es cardiac o	or respiretory err	est,		Approximete Intervel Between Onset end Death
30x 68760,	eath certificate be executed etending physician end for use es the buriel-transit	an/Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting In deeth) Lest b. Arvind Gibri Due to (or es e	conseque	enca of):					10 years
, P.O. B	that the dea ned by the et a detached fo	by Physicia	Part II. Other eignificant conditions contributing to death but not resulting PNEUMONIN	in the und	deriying cause give	en in Pert I.		bacco use co es 205 No		the cause of death?
Records	The lew requires thet the death ete has been signed by the ette page 2 should be detached for	Completed b					24e. Wes e perform	ned?	ave	re eutopsy findings ilable prior to apletion of cause eeth?
Division of Vital Records,	Physician: this certific ral director,	Certification: To Be Co	1 Deluctricity 5 Pending (Month, Day Year) 2 Accident investigation 3 Sulcide 6 Could not be 28e. Place of Injury - At home for	Time of Injury		4 to Nursing Ho / et ⟨? Yes 2 □ No	me 5 Reside 28d. Describe ho	e) nnca 6 Oth ow injury occurr	er (Specify,	
ă	To the Hospital or Attending within 24 hours efter death. To the Funeral Director: After completely filled in by the fune		building, etc. (Specify) 29a. Certifier 1 Certifying Physician: To the best of my knowledge	e, deeth o	occurred et the tim	e, date end place,	City or Town	ause(s) end me	enner es ste	eted.
)	To the H within 24 To the Fi complete	Medical	29b. Signeture end title of cartifier While the stated in	0	29c. License			ete end plece, ed. Date signe MMMU	d (Month, D	
	Sta Registr		30. Name and address of person who completed cause of death (Item 23e) 1. Dete filed (Month, Dey, Year) 32. Registrer's Signature MAR 1. 9 1997	18	holuse	ME W	. KI IMON	e mo	212	.27
DH	MH 16 Rev 6/9:	5		- Jackson						



State of Maryland / Department of Health and Mental Hygiene 0008 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dey **Physician** Ada Mae Wetzel /Medical March 16, 1997 11:30 pm 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Millennium Health & Center GIEII BUILITE

t birthdey) | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | Nov 26, 19 Glen Burnie Rehab. Cent 7. Aga (In yrs. last birthdey) Anne Arunde1 5. Social Security Number Birthpleca (State or Foreign Country) **Funeral** 1 □ M 2√ F 81 Director 212-34-6410 26,1915 Maryland Usual Residence of Decedent with the Merylend 10e. Stete 10b. County 10c. City, Town or Location "natural", or Items 23a or 28a-f show 10d. Inside City Limits MD Anne Arundel Director 1 ☐ Yes 2√ No Glen Burnie 10e, Street end Number 10f. Zip Code 10g. Citizen of What Country? Pinewood #2 Senior Center Apt 21060 Funeral 794 USA death 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian. Bleck, White, etc. nd 2 should be filed within 72 hours efter lith end Mental Hygiene. 27 is marked other than "natural", or file traumatic event, the Medical Examine 1 Navar Married 2 Married ☐ Yes 2 No f Yes, Give altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3 NWidowed 4 □ Divorced Yeer or Detes: Be Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 9 Homemaker Home permit. Pages 1 and 2 should be filk Department of Health and Mental Hy important: If Item 27 is marked other any injury or other traumatic event. 17. Fether's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Ada 2 John Brannan Spence 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Jo Ann Tarun/daughter 1179 Annis Squam Harbor, Pasadena, MD 21122 20b. Pleca of Disposition (Neme of cemetery, crematory or other pleca) 20e. Method of Disposition March17 20c. Location - City or Town, State 1 ☐ Burial 2 🖾 Cremetion 3 ☐ Removal from State Metro Crematory 4 ☐ Donation 5 ☐ Other (Specify) 1997 Baltimore, MD 21. Signature of Patneral Se Barranco & Sons, P.A. Severna Park Funeral 495 GovRitchie Hwy., Severna Park, MD 21146 Enter the disease, or complications thet ceusad the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, or heart feiture. List only one ceuse on each line. Approximete Intervel Between Onsat and Deeth **Physician** /Medical Immediate Ceuse (Finel Coronary Artery Disease 6 years diseese or condition resulting in death) Examiner Due to (or es e consequence of): Physician/Medical Examiner Hypertension 17 years siclan end buriel-transit The law requires that the death certificete be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest Due to (or es e consequence of): P.O. Box 68760, Malabsorption Syndrome 12 years the Due to (or as a consequence of): 8 Crohns Disease 12 years Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Osteoporosis signed bed bed Records, by 24b. Were autopsy findings eveileble prior to completion of ceuse of deeth? Completed 24a. Wes en eutopsy performed? page 2 1 Tyes 1 ☐ Yes 2 ☐ No certificate 3 No Division of Vital or Attending Physician: director. Be 25. Wes cese referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2X No Certification: To this funeral 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After 1-Natural 2 Accident 5 Pending s efter deeth. 1 ☐ Yes 2 ☐ No investigetion 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical 29b. Signaldre and title of certifier 29c. Licansa number 29d. Data signed (Month, Dey, Year) ttending Physician) 03/17/97 D14160 rson who completed cause of chart (lem 23e) (Type, Print) 5410-A Ritchie Highway Baltimore, Md. 21225 Harjit Singh, M.D. 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State Mine Tavidson Pandelle Registrar

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

	_	Decedent's Nems (First, Middle, Le	not)		Certificate of	Death		Reg. No.	3/ 1000
Physici	an	LARRY CHARLES		NGATE			2. Date of Dec Month MARCH	Dey	3. Time of Death 97 9:40PM
/Medic Examin		4e. Facility Neme (If not Institution, gir		NOATE		4b. City, Town, or L			
Exami	ier	5647 SPRINGDALE				EAST NEW		DORCHI	
Funeral Director		218-58-0432	Sex 7. Age	(In yrs. last bir 45	thday) If Under 1 Yeer Months Deys		8. Dete of Birt (Month, Day MAY 28	h (, Year)	Birthpleca (State or Forei Country) WISCONSIN
2 2		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Tow	n or Location				10d. Inside City Limi
incommittee income one occur with the maryand the than "natural", or frems 23a or 23a-1 show out, the Medical Examinet must be notified at	ō	MARYLAND DORCHES	TER		EW MARKET				1 ☐ Yes 2 ☐XN
750	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of V	Vhat Country?
3a o		5647 SPRINGDALE	ROAD			21631		USA	
E D	Funeral	11. Meritei Stetus	12. Wes Decedent E Armed Forces?	ver in U,S.	13. Wes Decedent of It Yes, specify Cub		ecify Yes or No-	14. Rec	- American Indien,
and Mantal Hygiene. Is marked other than "natural", or Items 23a or 28a-f ahow sumatic event, the Medical Examiner must be notified at	by	1 Never Married 2 Married 3 Widowed 4 Divorcad	1 ☑ Yes 2 □ N If Yes, Give Yeer or Detes:	。1971- 1973	1 Yes 2 No		rican, etc.)	Specify	k, White, etc. WHITE
netu	eted	15. Decedent's E (Specify only highest gro	ducation ade completed)	16e.	Decedent's Usuel Occu (Give kind of work done life. DO NOT use retire	pation	ina	16b. Kind of Bu	siness/industry
P P P	Be Completed	Elementery/Secondery (0-12)	Coilege (1-4or 5-		'life. DO NOT use retire ACHINE TECHN		9	MANITEA	CTURING
Hygle ther t nt, II	ပိ	17. Fether's Neme (First, Middle, Last	4)	1.12	CHINE TECHT	18. Mother's Nem	o /First Middle		
a de la	Be	PETER MANCUSO	/					Maluen Surram	9)
th and Man 7 is marke traumatic	2	19e. Intorment's Neme/Relationship	Type, Print)	19b	. Meiling Address (Stree	ROSEMARY		r City or Town	State Zin Code)
51.5		ANNA L. WINGATE/	**						T, MD 21631
of Heelth I Item 27 r other tra		20e. Method of Disposition			Disposition (Name of y, crematory or other pla		Dete		City or Town, Stete
Department of Heel Important: If Item 2 any Injury or other once.		1 \(\times \) Buriei 2 \(\times \) Cremetion 3 \(\times \) 4 \(\times \) Donetion \(\times \) Other (Special Control of Funerei Service, Lice	(v)		NEW MARKET	CEMETERY			MARKET, MD
Depa		* Sonaul	Bell	er	ZELLER FUN P.O. BOX 2	07, EAST	NEW MARI	KET, MD	
770		23a Party. Enter the disease, or ophi	pilcetions that caused to come cause on each line	the deeth. Do r	not enter the mode of dy	ng, such es cardiec	or respiretory er	rest,	Approximete Intervel Between
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igned by the e			ontributing to doubt but	Tho, resulting in	The underlying cause gr			′es 2□ No	3 □ Probably ★ Unknown
ste hes been signed by the page 2 should be detache	Completed by				7		24e. Wes	en eutopsy med?	24b. Were autopsy tinding evelleble prior to completion of cause of death?
	Con						1 D Y	es applio	1 ☐ Yes 2 ☑ No
	Be	25. Wes case reterred to medical examiner?				28. Place of Deat	h (Check only o	ле)	
d di	ို	1 ☐ Yes 2 No		t 2 ER/Ou	tpetient 3L DOA			ence 6 □Othe	
er death. ector: After this by the funeral di	atlon:	27. Menner of Deeth 1 Naturel 5 Pending 2 Accident Investigation			ime of 28c. Injury Wo	ry et rk?] Yes 2 □ No	28d. Describe h	ow injury occurr	ed
fred in by	Certification:	3 Suicide 6 Could not be determined	e 28e. Plece of Injurbuilding, etc.	ry - At home, te (Specify)	rm, street, tectory, office		28f. Location (5 City or Tow	treet and Numbern, State)	er or Rural Route Number,
within 24 hours after To the Funeral Dir completaly filled in	edicai	29a. Certifier (Check only one)	nystctan: To the best of ntner: On the basis of end manner stet	examinetion en	, deeth occurred at the tid/or Investigation, in my	me, dete end plece, opinion, deeth occur	end due to the d red et the time, d	ause(s) and me late end place, e	nner es steted. and due to the ceuse(s)
withi To th	×	29b. Signature end title of certifier	Eliva		29c. Licen:	6388		3-2	(Month, Day, Year)
		Michael Pro	completed cause of de	eth (Item 23e) (Type, Print)	is the	Aurlo	ch ma	17/643
		31. Date tiled (Month, Day, Year)	22 Bogistre	r's Signeture			//		_

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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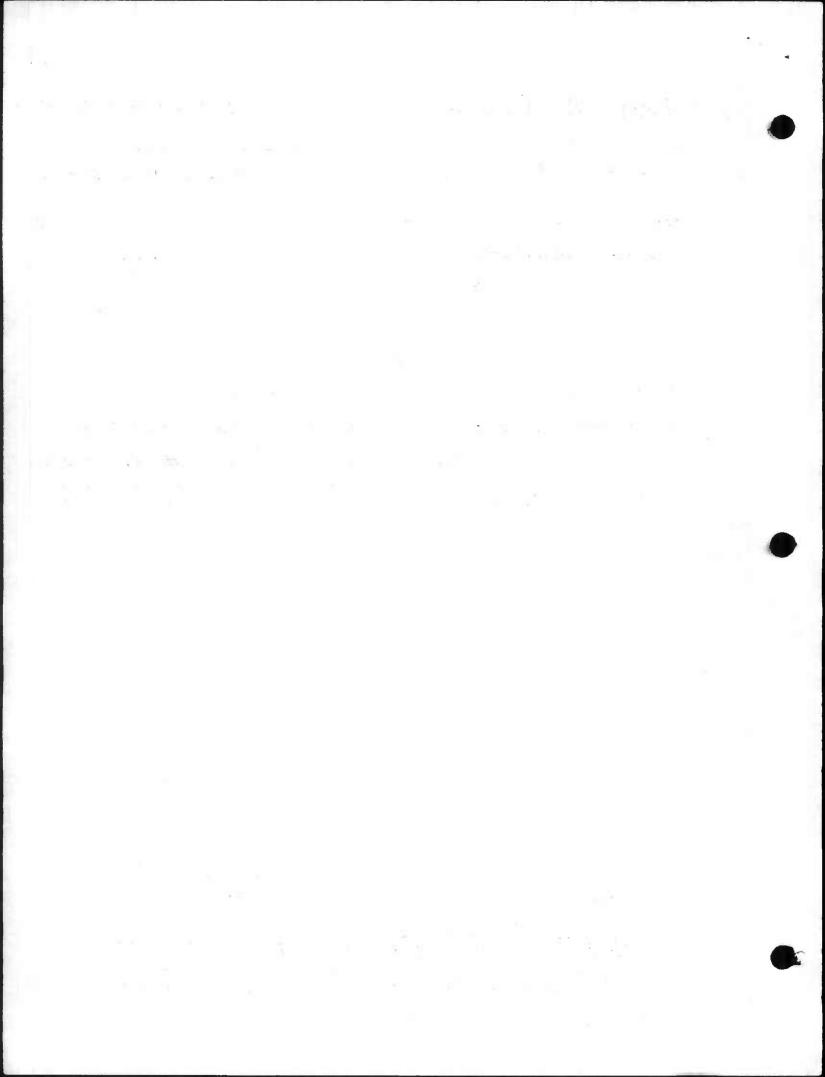
-						Cei	uncate	JI Dealli		Reg. No.		
	Physic /Medi		Decedent's Name (First, Midd Florence		lexande	r			2. Dete of Month Marc	Deeth h 31, 199	97 ^{eer}	3. Time of Death 7:34 pm
9	Exami		4e. Fecility Neme (If not institution Johns Hopkins			enter		4b. City, Town	n, or Location of De	eth 4c. County		
	Funeral Director		5. Social Security Number 408-26-0264		7. Age (In yrs. Ia 75		If Under 1 Ye Months Da	ear If Under 24	Hrs. 9 Date of	Birth Dey, Yeer) 6,1922		olece (Stete or Foreign htry) LNESSEE
	Meryland a-f show	tor	Usuel Residence of Decedent 10e. Stete 10b. County Maryland F	Baltimore	10c. City,	Town or Loc	cation	Dund	alh		1	0d. Inside City Limits
	or 28	Direc	10e. Street end Number	Jux XVIIIO/LE			10f. Zip Coo		MLIC.	10g. Citizen of	Whet Cour	itry?
21215-0020	iges 1 and 2 should be filed within 72 hours efter death with the Meryland to f Health and Mentel Hygiane. If items 23a or 28e-f show or other traumatic event, the Medical Examiner must be notified at	by Funeral Director	7970 St. Monic 11. Marital Status 1 □ Never Married 2€2/Mar 3 □ Widowed 4 □ Divorced	12. Was Deced	2 № No			21222 of Hispanic Origin Cuban, Mexican, I	n? (Specify Yes or Puerto Rican, etc.)	Unite No- 14. Rec Bla Specif	ca - Americ ck, White,	ean Indien, etc.
15-0	72 ho natur	Completed	15. Deceder (Specify only highe	nt's Education est grede completed)		16e. Deced	ent's Usuel Ockind of work do	cupetion one during most of tired)	of working	16b. Kind of B		
212	withir iane. than	omp	Elementary/Secondery (0-12) 7 Years	College (1-	40r 5+)	Homem		tired)		Own	Home	
Maryland 2	should be filed nd Mentel Hyg marked other umatic event,	To Be C	17. Fether's Neme (First, Middle, Berlyn Prichar			Homen	aicer		s Name (First, Midd da Mullir	dle, Meiden Sumer		
	1 and 2 sho Health end I em 27 is me		19e. Informent's Neme/Reletions Mr. Howard C.			7970	St. Mor	rica Dri	or Rurel Route Nur ve Dundo			Code) 21222
Baltimore,	Part F		20e. Method of Disposition 1 Burlal 2 Cremetion 4 Donetion 5 Other (S		tate cer	netery, crem	sition (Neme of etory or other CTVICE	plece)	Dete /3/1997	20c. Location		
Balt	permit. Page Depertment of Important: if any injury or once.		21. Signature of Funerel Service	Licensee	5		Name and Ad Duda-F	dress of Facility Ruck Fun	eral Home	2 of Duna	lalk,	*
	Physician /Medical Examiner		23a. Part1. Enter the disease, or shock, or heart failure. List Immediate Ceuse (Finel disease or condition resulting in death)	only one ceuse on ee	Cancer	Do not ente		dying, such es ca	ardiac or respiretory	/ arrest,		Approximete Intervel Between Onset end Deeth 1 month
ox 68760,	requires that the deeth certificate be assocuted seen signed by the ettending physician end inhould be datached for use as the bunal-trensit	Physician/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest	c		es e consequ	uenca of):					
00	deeth e ettel	sicia	Pert II. Other eignificent condition	ons contributing to dea	ith but not result	ing in the un	derlying cause	given In Pert I.	23b. D	ld tobecco uea co	ntribute to	the cause of death?
Is, P.O	ras that the de signed by the e	by	Chronic Obstru						1	□Yes 2□No	3 Prol	bably 4 Unknow
Record	S S	Completed							24a. W	es en eutopsy rformed?	ev	ere eutopsy findings eilable prior to mpletion of cause deeth?
Vital			25. Wes case referred to medice	1				00 Plans		Yes 2 No	1[☐Yes 2X No
of	ng Phys ifter this uneral di	tion: To Be	exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Naturel 5 Pendir	Hospital: 1X Inj		R/Outpatient 8b. Time of Injury	28c. I	Othor				γ)
Division	or Atten ifter deet director: In by the	Certification:	2 Accident Investig	not be 28e. Plece o	of Injury - At hom g, etc. (Specify)	e, farm, stre			28f. Location	(Street end Numi Town, Stete)	ber or Rure	I Route Number,
	To the Hospital or within 24 hours after To the Funeral Direction of completely filled in the formal of the formal or the formal of the formal	edicai (29a. Certifier (Check only one) 1 Certifyin 2 Medical	ng Physician: To the be Examiner: On the bas and manne	is of examinetio	edge, deeth n end/or inv	occurred et the	e time, date end j ny opinion, death	plece, end due to the control occurred et the time	ne cause(e) end m e, date end plece,	enner es si end due to	teted. the cause(s)
	To the I	W	29b. Signeture end title of certifie		n, M.	Ď.		ense number 96121		29d. Date signed (Month, Dey, Year) April 1, 1997		
	V		30. Name and address of person Michael West 31. Date filed (Month, Day, Year)	erman, MD					ns Bayvie n AVenue			
	Sta	ite		9 4007 32. Heg	gistar's Signatu	. X	المعادية					

State of Maryland / Department of Health and Mental Hygiene

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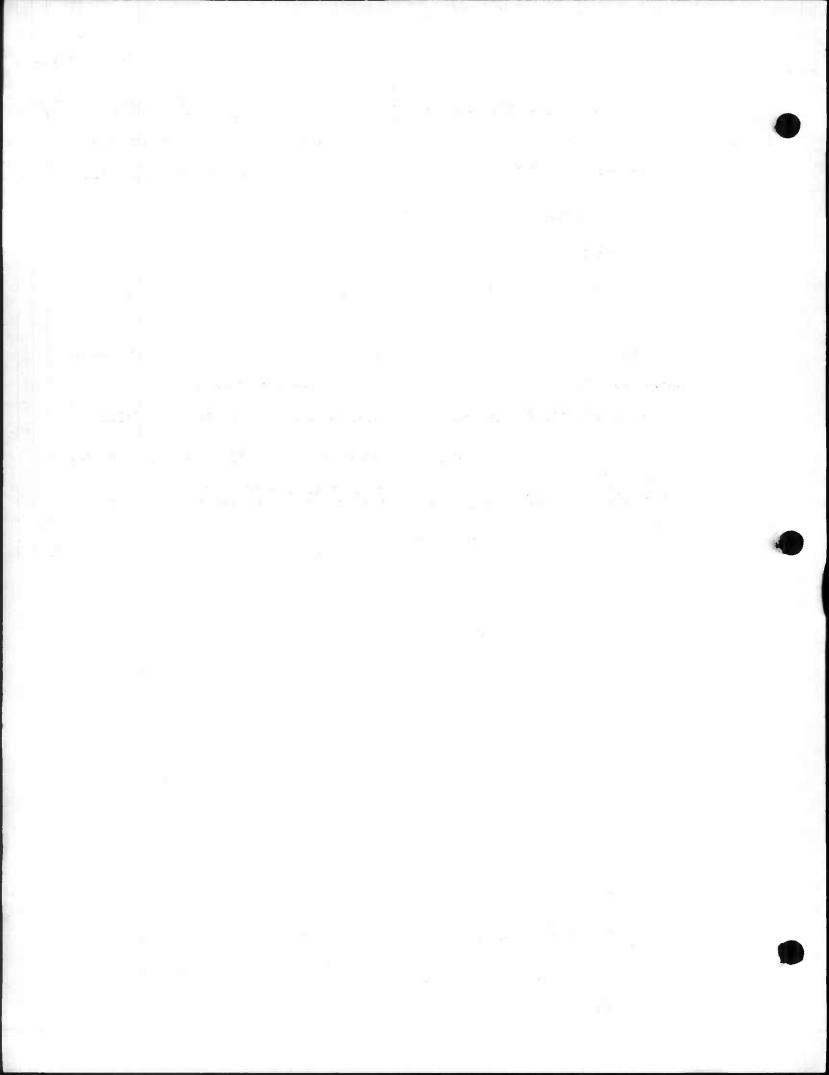
						Cert	ificate c	of Death	7		Reg. No.		
	A		1. Decedant's Name (First, Middla, La	st) A						2. Data of D	eath	M	3. Tima of Death
	Physic		Bert A	Badav	95					Mogth	28/	9997	12:15 81
	/Medi Examii		4a. Facility Neme (If not institution, giv	a street and number)	-,	,	_	4b. City, T	own, or Lo	ocation of Dec		of Death	
7	EAUTIN		HOWARD COUNTY	GENERAL H	OSPTT	ΔТ.		COLI	JMBI	Δ	HOWA	PD	
-	Funeral		5. Social Security Number 6. S	Sex 7. Age	(In yrs. last bi	irthday)	If Under 1 Ye	er If Unde	r 24 Hrs.	P Date of B	irth	O Dieth	place (Stata or Foreign
	Director		028-10-1371	ØM 2□ F	80	Yrs.	Months Da	ys Hours	Min.	Sept.	21.1916	Mass	achusetts
	D		Usual Rasidance of Decedent										
	r 28a-f show		10a. Stata 10b. County		10c. City, Tov	vn or Loca	ation					1	Od. insida City Limits
	Ma Find	io	Maryland Howard		Colu	mbia							1 Yas 2 No
	or 28	ě	10e. Street and Number				10f. Zip Cod	a			10g. Citizan of	What Cour	
	ith wit	a D	5533 Green Mounta	ain Circle				21044			U.S.	A.	
	72 hours effer death with the Maryland natural, or Hems 23s or 28s-f show dical Examiner must be notified at	Funeral Director	11. Maritel Status	12. Wes Decedant Ev	er in U,S.	13. W	es Decedent	of Hispenic O	rigin? (Sp	ecify Yes or N	lo- 14. Rac	e - Americ	an indian,
0	or he		1 Never Merried 2 Married	Armed Forces? 1 ☐ Yes 2 ☒ No)		as, specify C			Hican, etc.)		ck, White,	etc.
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pu	be filed withital tal Hygiana.	Be (17. Fathar's Nama (First, Middle, Last)					18. Moth	er'a Nem	a (First, Middl	a, Maiden Suman	na)	
la	should be nd Mantal marked o	10	Athas Badavas					Ma	ria	Unkno	wn		
Maryland	S DE E		19e. Informent's Name/Ralationship (Type, Print)	19	b. Malling	Addrass (Str	aat and Numi	ber or Rur	ral Routa Num	ber, City or Town,	Stata, Zip	Coda)
Σ	1 end 2 Haalth a em 27 le		Linda Rossetti (Daughter)	12	4669	Mustan	o Path	G1	enwood	Maryla	nd 21	738
re	0 0		20a. Mathod of Disposition		20b. Place of	of Disposi	tion (Name of			Data	20c. Location -		
Ē	age ent o rt: #		N Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif				emeter	•	1/2	1297	Waltham	Mass	achusetts
Baltimore,	- 투명류		21. Signatura of Funerel Sarvice Licer				Nama end Ad		lity	1111	"az erram	,	deliabettb
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			Standa A	remmer	and and a Die	55!					COLUME	IA	4D 21045
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	Physician / /Medical		Immediate Course /Final	001		1 .	_ 1	21-				1	Orisat end Death
	Examiner		Immediata Cause (Finel disaase or condition rasulting in death)	a Retro	peri	TON	eal	Ble	ea				HOURS
п		7	Todaking in douch		u to (or as a								
1	pa ti	Examiner		b								-	
	end Frar	xan	Sequentielly list conditions,	D	ua to (or as e	conseque	ance of):						
100	cian burta	జ	Sequentielly list conditions, if any, laading to immediata ceuse. Enter Undarlying Cause (Disaasa or Injury that initiated avants	C								į	
6876	ertificate be executed ding physician end sa as the burial-transit	Medical	that initiated avants rasulting in daath) Last	Di	ue to (or es e	conseque	ince of):						
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Bo	daath c e attended for us	ian										i	
0	v requires that tha death certific been signed by the attending p should be detached for usa as	sic	Part II. Other significant conditions of	ontributing to death but	not rasulting	in tha und	artying ceuse	given in Part	I.	23b. Die	d tobacco use co	ntribute to	the cause of death?
Ρ.	requires that tha peen signed by th should be datache	Ph	Ischemic C	ardib My	n nath	V				10	Yes 2 No	3 Pro	bably Wunknow
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orc	equi	ted	Atrial Fibr	illation							s an autopsy formed?	av	ara autopsy findings ailabla prior to
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ta	ician: Tha lev cartificeta hes rector, paga 2	Be	25. Wes case rafarred to medical					28. Pled	a of Daat	h (Chack only	ona)		
of Vital	\$ 00 0	ToE	axaminer? 1 ☐ Yas 2 No	Hospital:	2 ER/O	utpatient	3□ DOA	Other:			sidance 8 Oth	ar (Specif	(v)
	ar this		27. Mennar of Death	28a. Data of Injury (Month, Day)	28b.	Tima of	28c. li	njury at Work?			how injury occur		,,
Division	Attanding or death. octor: Aftai by the fune	atio	1 Netural 5 Panding 2 Accident Invastigation		(ear)	Injury		Yas 2] No				
Vis	Atta	HC	3 Suicida 8 Could not be	28a. Place of Injury	/ - At home, fo	erm, strea	t, factory, offi	СӨ		28f. Location	(Streat and Numb	er or Rura	al Routa Number,
Ö	d in	Certification:	4 ☐ Homicida	building, a(c.	(Spacify)					City or 1	own, Stata)		
	spits noun		29a. Certifiar Certifying Ph	ysician: To the best of	my knowledge	a, daath c	occurred at the	e time, data a	nd place,	and dua to the	a causa(s) and ma	innar as s	tated.
	To the Hospital or Attanding Phywithin 24 hours effer death. To the Funeral Director: After this complately filled in by the funeral	edical	(Check only 2 Medical Examone)	niner: On the basis of a	xamination ar	nd/or Inve	stigation, In m	y oplnion, da	ath occur	red at the time	, data and place,	and dua to	tha causa(s)
	Vithir omp	Me	29b. Signeture end title of certifier	/)		>	29c. Lic	anse number			29d. Dete signe	d (Month,	Dey, Year)
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	5	-	30. Nama and eddrass of person who	completed course of	th (line: 00-)	Chart P	int)				1 4/11 /	- 1	/
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 97

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15. Mother's Name (Price, Model, Massign Surveys) 15. Mother's Name (Price, Model, Massign Surveys) 15. Mester's Name (Price, Model) 15. Mester's Name (P	withir with	dmo	Elementery/Secondary (0-12) College (1-4or 5+))			บ	Omomo	leina
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State Stat	end 2 eelth n 27 I		A. Joseph BARNABAE, SR. (husb	and)	5 Bru	ıcetown	Ct.	Catons	ville M	1D	21228)
23a. PRft Enter the disease, or complication filted caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest. Approximate friends and provided and provid	ges 1 t of H or oth			cemetery	y, cremeto	ry or other plec						
23a. PRft Enter the disease, or complication filted caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest. Approximate friends and provided and provid	tmen tant:		4 □ Donetion 5 □ Other (Specify)	Crestl					/97 M	larrio	ttsvi	lle, MD
23a. PRft Enter the disease, or complication filted caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest. Approximate friends and provided and provid	Depen Depen Impo	- SDCB	21. Signature of Funeral Service Licensee					-	TNC			
Physician (Medical Examiner Medical Examiner M			Jacke W. Strang	en	4107	/ Wilke	ns Av	e, Balt	imore,			The state of the s
Immediate Cause (Final resulting in death) Due to (or es e consequence of):	O	,	slook, or heert failure. List only one ceuse on eech line.	e death. Do no	ot enter th	e mode of dyln	g, such es	cerdiac or resp	oretory errest			Intervel Between
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30. Name and address of person who completed cause of death (Item 23a) (Type, Print) PAJRACH PINTAVOKN, MD State 31. Date filed (Month, Day, Year) 31. Date filed (Month, Day, Year) 33. Pagistrar's Constitute	Phy er this		27. Menner of Deeth 28e. Dete of injury	28b. Ti	ime of	L DOA	4 LI NU					1
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30. Name and address of person who completed cause of death (Item 23a) (Type, Print) PAJRACH PINTAVOKN, MD State 31. Date filed (Month, Day, Year) 31. Date filed (Month, Day, Year) 33. Pagistrar's Constitute	ital o	Cer										
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30. Name and address of person who completed cause of death (Item 23a) (Type, Print) PAJRACH PINTAVOKN, MD State 31. Date filed (Month, Day, Year) 31. Date filed (Month, Day, Year) 33. Pagistrar's Constitute	o the ompk	₹ Ø	and monitor stated			29c. License	number		29d.	Date signe	d (Month, E	Dey, Year)
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	/Medi		Hammond	B.	raddock					April		1997	10:45 am
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	Funeral Director		5. Social Sacurity Number 171-03-6563	3	Sax KIZFM 2□ F	7. Age (In y 80	rs. lest birthday) Yrs.	if Undar 1 Yaar Months Deys	if Undar 24 Hrs. Hours Min.	8. Date of Bir (Month, De July 2	th Year) 6, 1916	9. Birthpi Coun PA	eca (Steta or Foreign try)
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	¥ 6	ᅙ	31 Monr	ne S	÷			2115	7		10g. Citizen of V USA	AURI CORU	try r
	eath w	era	11. Marital Status		12. Was Dece	dent Ever in	11.S 13.V			pecify Yas or No		e - America	an Indien
Baltimore, Maryland 21215-0020	within 72 hours efter death with the Merylend ene. than "natural", or frems 23a or 28a-f ahow than "natural", or frems 28a or 28a-f ahow the Medical Exactine must be northed at	by Funeral Director	1 □ Navar Married 2 □ 3 ☑ Widowed 4 □ Divo		Armed Fo 1 Yes If Yes, Giv Yeer or Do	rces? 2000 e		Yes, specify Cub ☐ Yas 2☐ No	Hispanic Origin? (Sen, Mexican, Puart Specify:	o Rican, atc.)	Specify	k, While,	
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lor	or of		20a. Method of Disposition 1 ☐ Buriel 2 ☑ Crama	ion 3 🗆	Removel from	Steta	-	sition (Nema of setory or other pla	. 1	Date	20c. Location -	City or To	wn, Steta
Ħ.	tmer tant: jury		4 Donetlon 5 Oth		-	C		Cremation		/4/97	Hampstea	id, MI)
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	per te	Examiner			b								
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m i	death certifi e ettending od for use as	Cla	Part II. Other significant con	ditions	ontributing to de	oth but not	requising to the un	dachilan anuna ai	ron In Dark I	22h Did	tobacco use con	ndulbuda da	the cause of death?
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State of Maryland / Department of Health and Mental Hygiene 97

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	/Medi Examir		4e. Facility Name (If not institution, give	re streat end number)					4b. City, To	wn, or Lo	cation of Death				
			Bel Forest Nursin	a & Rehab.	Center	t.			Fores:	t His	28	Harko	nd		
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	th th	Director	10e. Street and Number				10f. Zip	Coda				10g. Citizan of	What Cour	ntry?	
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ב	ding P. h. After t funera	Certification:	27. Mannar of Death 1 Natural 5 □ Panding	28a. Data of Injury (Month, Day		Tima of Injury		28c. fnju Wo			28d. Describe I	how injury occur	red		
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	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edica	(Check only one) Madicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due and menner steted.								and dua t	the cause	(8)		
	To To	Σ	29b. Signature end titla of certifiar 29c. Licansa number 29d. Date signed (Month,								, Dey, Year)				
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	4		30. Nama and address of person who					,)					,	4	
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 3. Time of Death **Physician** Yaar BROWN 1057 PM LEO 1997 MARGH /Medical 4a. Fecility Neme (If not institution, giva straat and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner HOSPITAL CENTER NONTHWEST RANDALLSTON BALTIMORE 7. Age (In yrs. last birthday) If Undar 1 Yaar | If Undar 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Sociel Security Number Birthpleca (Stata or Foreign Country) **Funeral** 12 M 2□ F 217-03-2297 Director Marylows Usual Residence of Decedent death with the Maryland 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f sho traumatic event, the Medical Examinat must be notified at 1 Nes 2□No Director BAHMORE Marylow 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Keyworth AVENUL USA 2507 Funeral 21215 Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Bieck, Whita, atc. 11. Marital Status nit. Pages 1 and 2 should be filed within 72 hours after of arment of health and Mental Hyplene.
ortant: If tem 27 is marked other than "natural", or itel injury or other traumatic event, the Medical Examines. 1 ☐ Naver Merried 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 ☐ Yas 2 ☐ No Specify: Specity: Black by 3 Novidowed 4 □ Divorced 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry BEHLELam Steel Elementery/Secondery (0-12) College (1-4or 5+) SHIPFIHER 7th grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Meiden Sumeme) MARY 6. HAMIlton Brown EDWARD 19e. Informent's Neme/Reletionship (Type, Pnint) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JESSUP, Mary LAND 20194 7891 JINES RUAD ROBERT L BriEN 3altimore, 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition Date 1 Burial 2 □ Cremetion 3 □ Ramoval from Stete permit. Page Department of Important: If any Injury or REISTANTON, Mary / MAN 4 ☐ Donetion 5 ☐ Othar (Specify) UKE'S U. M. Church Com. 22. Name end Address of Fecility C. HATMAN - HAM'S FUNCAL HOME 21. Signeture of Funaral Service Licensee 5240 REISTER OFOWN RIMO 23a. Perti. Entar ha disease, or complications thet caused the deeth. Do not antar the mode of dying, such es cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Death Physician /Medical Immediate Cause (Final 1 Hour disaasa or condition resulting in deeth) Examiner My O CARD MAZ 1 HOUR Sequentially list conditions, if any, leading to immediate ceuse. Enter Undarlying Cause (Diseese or Injury that initieted events resulting in death) Lest Bud Due to (or as a consequence of) physician Physician/Medical 94 Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Kinknown HEMAT CONGES PIVE Division of Vital Records, þ 24b. Ware autopsy findings available prior to completion of cause of deeth? Completed 24e. Was en eutopsy performed? CARDIO MYORA this certificate 1 Yas 2 40 1 ☐ Yas 2 ☐ No Be 25. Wes casa referred to medical 26. Pleca of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 D-DOA Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 ☐ Yes 2 No 10 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 27. Menner of Death 28b. Time of Certification: 28d. Describe how injury occurred Ather 5 Pending investigetion 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident Director: 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office bullding, etc. (Specify) 4 - Homicida Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and manner steted. 29a. Certifier Medical 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) MD 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

State Registrar 182, Registrar's Signetter And Section 1820

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FINE, MD

HOSPITALCENTOL PLANPALLSTOWN IND

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Physician Month EUNICE Phair 11:15 P.M 1997 mar /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BALLIMORE PILGRIM 4710 If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) **Funeral** 1□ M 2 F 84 1,1912 N. CArolina Yrs. 243-18-9182 **Director** Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 Nes 2 No Director BALLAUTE Mary Imo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? PILGRIM 4710 RU MO 11519 Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Status permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or then any injury or other traumatic event, the Medical Examp 1 Yes 2 No If Yes, Give Year or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1□ Yes 2년No Specify: 15% Specify. P 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry CENEVAL SERVICES ADA Elementery/Secondery (0-12) College (1-4or 5+) FEDERAL GOVERNMENT CustobiAN 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Phair Rosina FIETCHEE 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 2747 BAYSIDE BEACH PURD PASADERA, MORYlams Bross Daughter LAUIGENE Dete 120c. Location - City or Town, State 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Burial 2 ☐ Cremetion 3 ☐ Removel from State LAUNEL, Harylons Macylano National Men. Pk. 4 □ Donation 5 □ Other (Specify) 22. Name end Address of Fecility CHATNER - Hom's Knerd Home 52 40 REIS TERSTOWN ROOM 21. Signeture of Funerel Service Licensee 23a. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Hery **Approximete** Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final Sepsis Iday diseese or condition resulting in death) Examiner Due to (or as a consequenca of) Tract Drinary Infection bunal-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting In deeth) Lest Due to (or as e consequence of) Records, P.O. Box 68760. Multiple arebrovascular 4months Physician/Medical tha Due to (or es e consequenca of): 3 weeks 88 Pert II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown þ 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed Division of Vital R certificate 1 Yes 2 No 1 □ Yes 2 □ No Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 M Residence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Naturel death. 1 Yes 2 No 2 ☐ Accident Director: d in by the 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homleide To the Haspiral within 24 hours a To the Funeral Completely filled 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) and menner es steted.

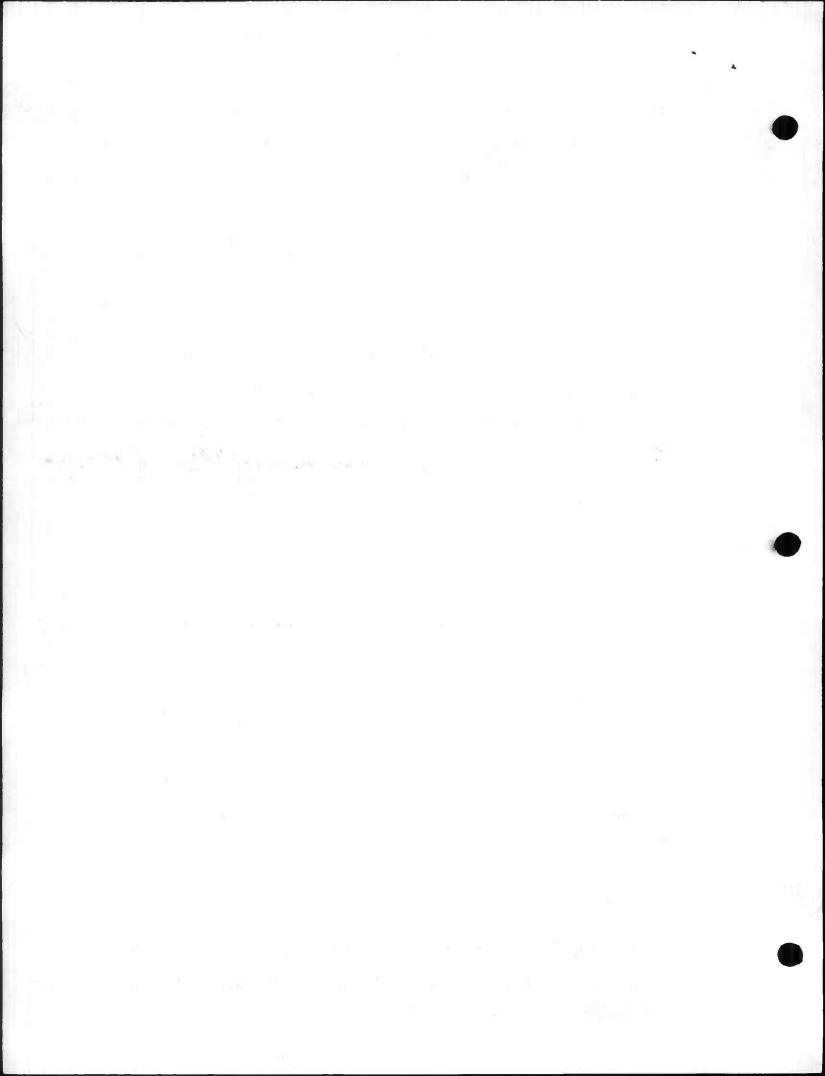
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the cause(s) end manner steted. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) · Carla way Rosenthell mo

3333 N. Calvert Street, 4325, Baltimore MD 21218

State Registrar 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) Carla Wolf Rosenthul, M.D., 3333 N.C

2. Registrar's Signature

DHMH 16 Rev 6/95



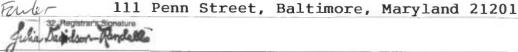
State of Maryland / Department of Health and Mental Hygiene

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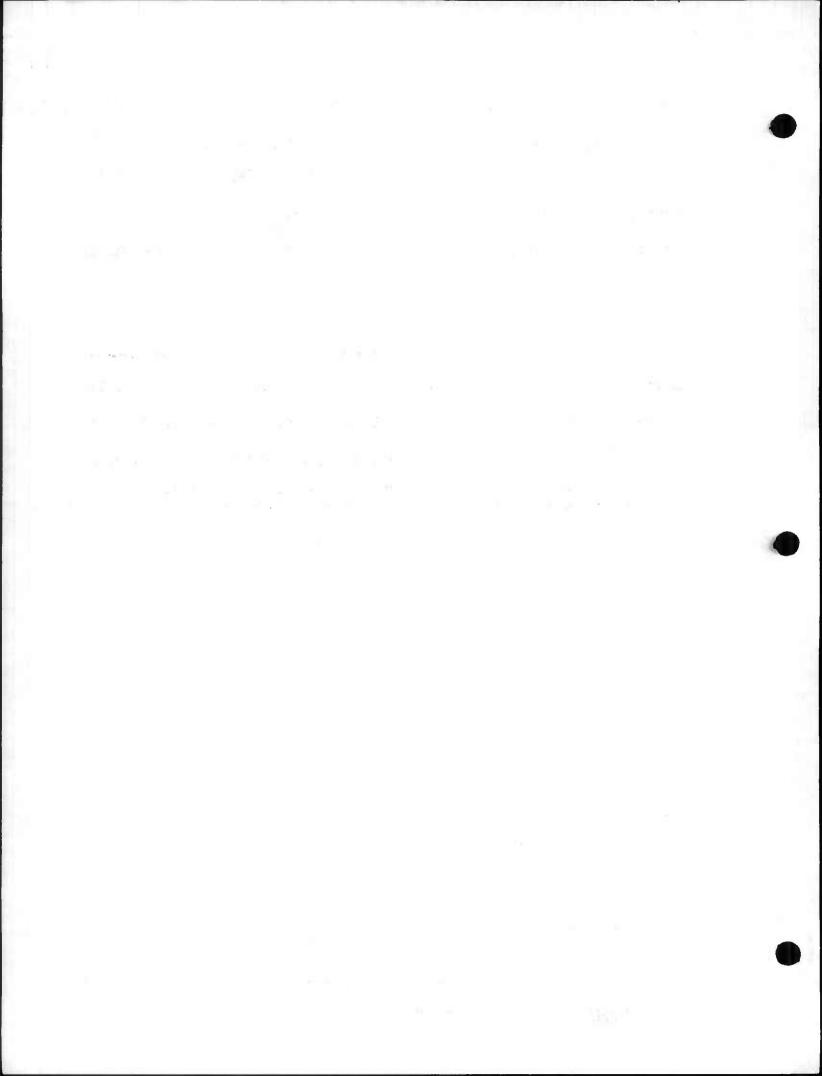
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					Ce	rtificate d	of Death		Reg. No.		
Dhuciei	20	1. Decedent's Name (First, Middle						2. Date of De		Vear	3. Time at Death
Physici /Medic		DEAN	T.			BROO	OKS	MÄRCH	3 ^{Day} , 1	1997	10:30 A
Examin		4e. Fecility Neme (If not institution,	give street end numb	er)			4b. City, Town, or	Location of Death	4c. Count	ty of Death	
		114 S. BROA	DWAY ST.	APT.	16		BAL'	TIMORE		n/	a
Funeral			6. Sex 7.	Age (In yrs. le		If Under 1 You Months Da	ear If Under 24 Hr		th V Year)	9. Birthp	lace (State or Foreign
Director		222 12 4192	M 2□ F	68	Yrs.	Midratio De	iyo ricaro ikin	Sept.3,	1928	Dela	ware
pu .		Usual Residence of Decedent 10a. State 10b. County		10c Ciby	Town or Lo	neation					
aho	5	Maryland	n/a	Too. Oity,	, rown or Lo		Ltimore			1	0d. Inside City Limits 1 X Yes 2 □ No
r 28a-f ahow	ect										
hours after deeth with the Maryland ural", or Itema 23a or 28a-f ahow al Examiner must be notified at	Funeral Director	10e. Street and Number 114 S. Broadway	/ Apt. 16			10f. Zip Cod	21231		10g. Citizen of United		
items Inst.m	inei	11. Marital Stetus	12. Wes Decede Armed Force	ent Ever in U,S	6. 13.	Was Decedent	of Hispenic Origin? (Cuban, Mexican, Pue	Specify Yes or No	- 14. Ra	ce - Americ	
orth	F	1 Never Married 2 Married 2 Married				1 ☐ Yes 2 X		110 7 110011, 010.7			hite
E E	d by	3 Widowed 4 Divorced	Yeer or Dete	s:			то орвену.		Speci	ny: W	mice
2 2 3	To Be Completed	15. Decedent' (Specify only highest	s Education		16e. Dece	dent's Usuel Oc	cupation one during most of w	orkina	16b. Kind of E	Business/Ind	dustry
giene.	du	Elementary/Secondary (0-12)	College (1-4d	or 5+)			one during most of wi tired)	9			
ygien ygien it, th	S	9			H	Iandymar				enanc	e
d off	Be	17. Fether's Neme (First, Middle, L	.ast)	-				me (First, Middle,	Maiden Sume		
Men	ဥ	James		Broo	OKS		Mario	n		Devi	ne
end is m		19a. Informent's Name/Relationsh					reet end Number or F				Code)
a 27		Yvonne Hazelwoo	od / daught				Penn Ct.,	New Cas	tle, DE	E 197	20
yes I end a should be med to the time of the traumatic event, or other traumatic event,		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion	2 Demoust from Sta	0.00	ace of Dispo metery, crea	osition (Neme of metory or other	f plece)	Date	20c. Location	- City or To	wn, Stete
nent Int: h		4 □ Donation 5 □ Other (Sp			en Mou	int Crem	matory 4	/4/97	Ba1t	imore	, MD
permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than eny Injury or other traumatic event, the Magnes.		23a. Part1. Enter the disease, or shock, or heer failure. List of	Lucar	~	0	AFA Ste	dress of Facility ephen D. L en Pastur	es Dr.,	Baltimo	ore, M	D 21286
Physician /Medical Examiner	er	Immediate Cause (Finel disease or condition resulting in deeth)					wound			1.	Approximate Interval Between Onset and Death
certificate be executed ding physician end ise as the buriel-transit	Examiner	Sequentially list conditions,	b	Due to (or	es e consec	quence of):					
be e ician burie		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C							ì	
phys the	//Medical	that initieted events resulting in death) Last		Due to (or a	as e conseq	quence of):					
certifi nding Jse as	Š		d							į	
- 50										1	
that the death	Physician	Part II. Other significent condition	ns contributing to death	n but not result	ting in the u	nderlying cause	given In Pert I.	23b. Dld 1	lobacco use co	ontribute to	the cause of death
that the ded by detection								10	Yes 2 No	3 ☐ Prot	pably 4 - Unknow
8 50	1 py							AU 111		045 144	hi allanan station
v requires been sign should be	Completed							24e. Was perfo	en eutopsy med?	ava	ere eutopsy findings allable prior to appletion of cause
S S	힏									of c	deeth?
page 1	ဦ 							帽	res 2□No	10	77 es 2□ No
this certificate	Be	25. Was case referred to medical examiner?					26. Place of De	eth (Check only o	ne)		
dire dire	ို	1X Yes 2 No	Hospital: 1 ☐ Inpe	atient 2□E	R/Outpatier	nt 3 DOA	Other: 4 Nursing	Home 5 Resid	dence 6 □Ot	her (Specify	1)
	Ë	27. Menner of Deeth 1 □ Neturel 5 □ Pending		njury Fundo Dey Year)	28b. Time of Injury	f 28c. I	njury et Work?	28d. Describe h		. 1	- 11
	Certification:	2 ☐ Accident investiga	ation 3-3/-				1 ☐ Yes 2 ☑No	Subj	eur 5	het	self
	titic	3 SS Suicide 6 ☐ Could no 4 ☐ Homicide determin	of be 28e. Place of building	Injury - At hom	ne, ferm, str	eet, factory, offi	ice	28f. Location (S City or Tox	Street end Num	ber or Rure	Route Number,
s effer al Direc ed in by	Cer		Z	esiler	ce			114 5	13000	educe	st Aptl
To the Hospital or To the Funeral Dir completely filled in	edicai (29a. Certifier 1☐ CertifyIng (Check only one) 1☐ Medical E	Physician: To the bes xaminer: On the basis and manner	of exemination	ledge, death on end/or in	n occurred at the vestigetion, in m	e time, date and plac ny opinion, deeth occ	e, end due to the ourred et the time,	ceuse(s) end m dete end plece	nenner as st , end due to	ated. the ceuse(s)
To the	Me	29b. Signature end title of certifier	1111			29c. Lic	ense number		29d. Date sign	ed (Month, I	Dey, Year)
100			4/1/				O.C.M.E.		APRTI.	_	1997

State Registrar 31. Date filed (Month, Dey, Yeer)
APR 0 3 1997



30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

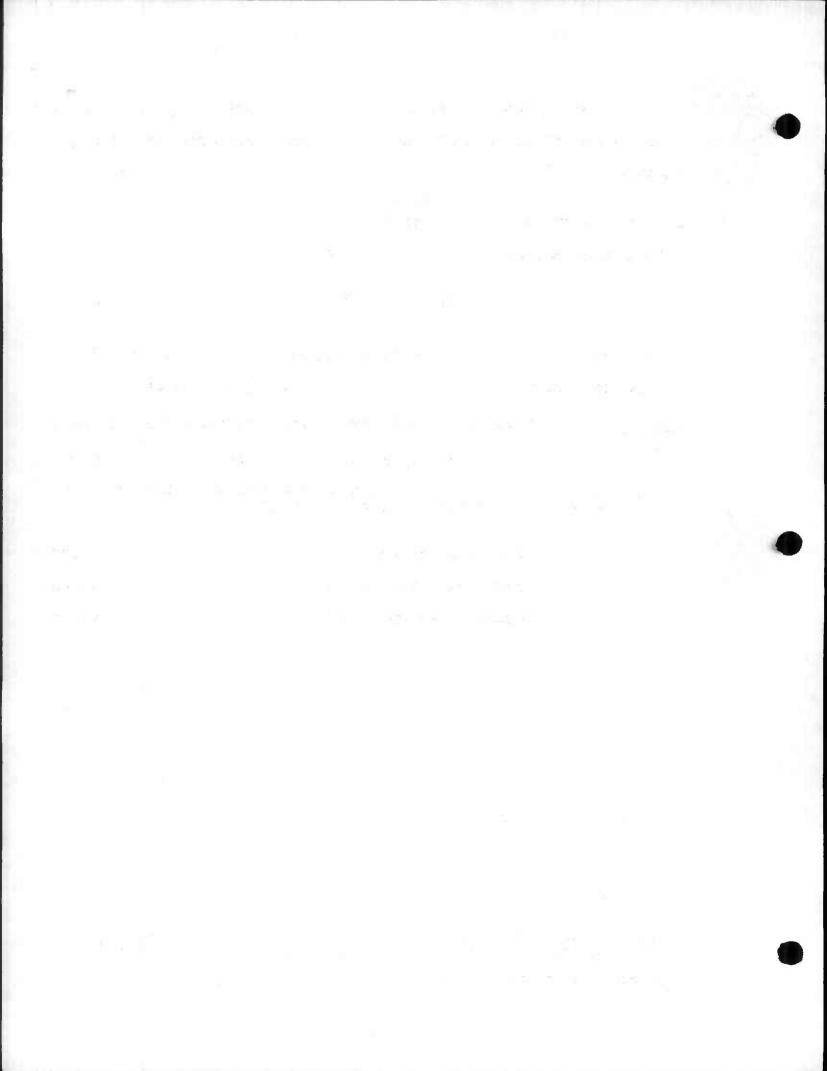


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

10018

	Physic		Decedent's Name (First, Middle, EVETT		BENNETT	rimoate o	Deam	2. Date of De Month	Dey	Year 997	3. Time of Death
	/Medi Exami		4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Loc					Location of Deet	on of Deeth 4c. County of Deeth		
l	72 hours efter death with the Marylend natural, or items 23s or 28a-f show abunited Examiner must be notified at		SAINT JOSEPH MEDICAL CENTER 5. Sociel Security Number 213-03-6085 6. Sex 7. Age (In yrs. lest birthdey) 80 Yrs. TOWSON, MARYLAND 8. Dete of Birth (Month, Dey, Yea 2/28/17					th v. Year)	BALTIMORE 9. Birthplace (Stete or Foreign Country) MARYLAND		
		_	Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location							10	0d. Inside City Limits
		Be Completed by Funeral Director	MARYLAND BALTIMORE TOWSON 10e. Street end Number 10f. Zip Code				•	10g. Citizen of Whet Countr			1 ☐ Yes 2 [XNo
			8340 LOCH RAVE	N BLVD.	BLVD.		21286			USA	
Baltimore, Maryland 21215-0020			11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 1 1 Yes 2 □ If Yes, Give	Yes 2 □ No		Vas Decedent of Hispenic Orlgin? (Specify Yes or N Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) ☐ Yes 2☑ No Specify:			Specify:	
	72 hours "natural",		15. Decedent's		16e. Decedent's Usuel Occupation				16b. Kind of B		ITE
	permit. Pages 1 and 2 should be filed within 72 Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "na any Injury or other traumatic event, the Media once.		(Specify only highest g Elementery/Secondery (0-12) 11th GRADE	College (1-4or	(Give 5+)	kind of work dor DO NOT use ret	ne during most of wo ired) SENTATIVE		MEAT		usily
			17. Fether's Neme (First, Middle, La	st)				me (First, Middle,			
		ို	BARTHOLOMEW B	ENNETT			CAT	HERINE O	BRIEN		
			19e. Informent's Neme/Relationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 1711 ABERDEEN ROAD APT. F BALTIMORE, MD 21234 20a. Method of Disposition 1 Removel from State 4 Donetion 5 Other (Specify) 21. Signeture of Funerel Service Licensee								
			JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD.								
	Physician /Medical Examiner		23a. Pert1. Enter the disease, or co shock, or heart feilure. List on	mplications thet causedly one ceuse on each li	d = eeth. Do not ent	OWSON, er the mode of c	MD 21286 lying, such es cerdie	c or respiretory e	rrest,	1 1 1 1	Approximete Intervel Between Onset end Deeth
1			Immediate Cause (Final disease or condition resulting in deeth)	e. PULMO	PULMONARY EDEMA						HOURS
	uted d ansit	Examiner		MYOCA	b						HOURS
0,	To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death. To the Funeral Director: After this certificate hes been signed by the ettending physician end completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury thet Initieted events	CORON	Due to (or es e consequence of): CORONARY ARTERY DISEASE						YEARS
x 68760,		Medical Certification: To Be Completed by Physician/Medical	thet initieted events resulting in deeth) Lest	С	Due to (or es e consequence of):						
Division of Vital Records, P.O. Box			Z								
			Pert II. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Pert I.					_	23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown		
									an eutopsy med?	cor	are eutopsy findings bileble prior to mpletion of cause deeth?
								10	res 2 No	1	Yes X No
			25. Wes cese referred to medical examiner?	26. Plece of Deeth (Check only one)							
			1 ☐ Yes 2 No	Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)							
			27. Menner of Deeth 1 Naturel 2 Accident Investigati 3 Suicide 6 Could not		ry 28b. Time of Injury	V	jury et Vork? □ Yes 2 □ No	28d. Describe I	now injury occur	red	
			3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determine	d 286. Piece of in	28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Noting or Town, Stete)					Number or Rurel Route Number,	
			29a. Certifier (Check only one) 157 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. 29a. Certifier (Check only one) 157 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.								
			29b. Signeture end title of certifies For M.D. 29c. License number 29d. Date signed in the signed						dymonth, L	Jey, Year)	
10			30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)								
0	Sta Registr		31. Dete filed (Month, Dey, Year) APR 0 3 199		ar's Signature	TOMS	ON, MAR	LTWND	21204		



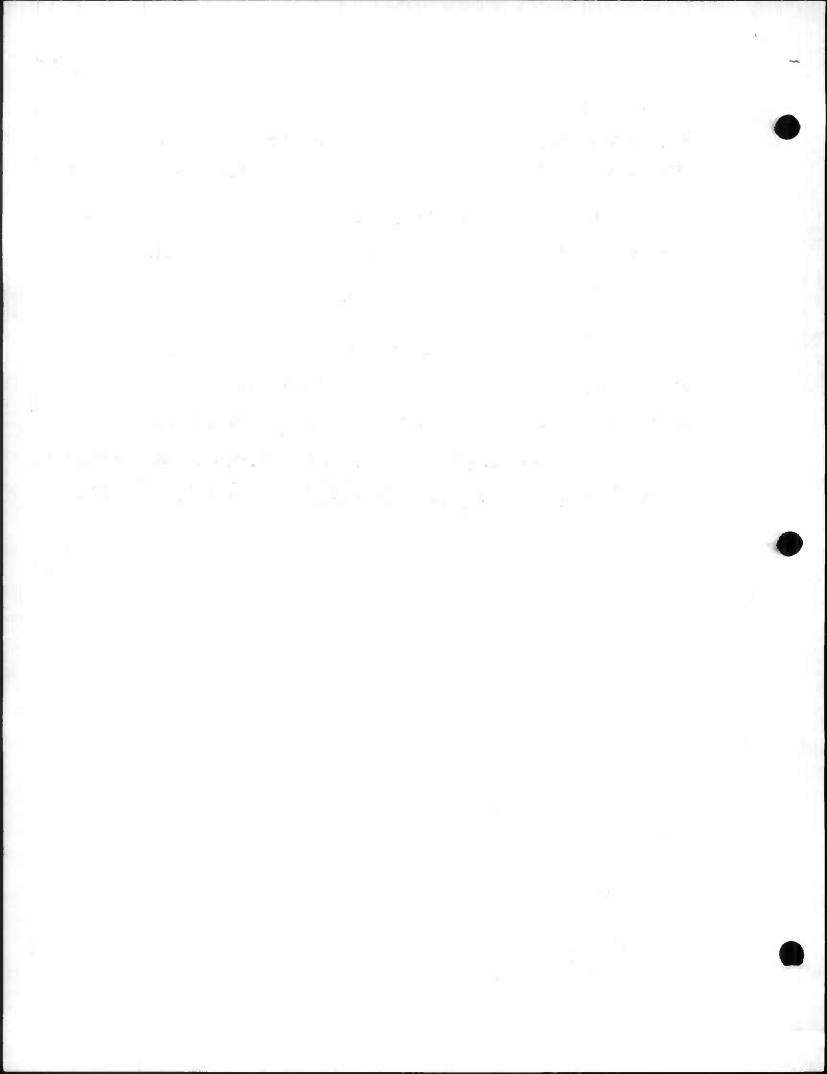
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** RECKER 199 MARCH WILLIAM 6:35 a.M. /Medical 4a. Fecility Name (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** ST. AGNES HOSPITAL BALTIMORE If Undar 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Ye JULY 29, 1 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foraign Country) **Funeral** 15 M 2□ F Months 212-10-5781 81 Yrs. Director Usual Residence of Decedent the Marviend 10a. State 10b. County 10c. City, Town or Location 10d. fnside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinet must be notified at XX Yes 2 No Director N/A BALTIMORE CITY 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death with 4229 EUCLID AVENUE 21229 U.S.A. 12. Wes Decadent Evar in U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Yeer or Detes: Was Decadant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours effer c Depertment of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "natural", or item any lojury or other traumatic event, the Medical Examples once. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes XX No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorcad 16e. Decadent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) 7th MONEY CLERK RACE TRACK 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) ELLEN WELSH JOSEPH BECKER 19a. Intorment's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 4229 EUCLID AVENUE BALTIMORE MD 21229 EARLINE BECKER (WIFE) 20e. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other pleca) 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 Donation 5 Other (Specify) ENTOMBMENT CRESTLAWN MEM. GARDENS MAR.31,1997 MARRIOTTSVILLE MD 21. Signature of Funeral Service Licansee 22. Name and Address of Fecility
WITZKE FUNERAL HOME OF CATONSVILLE, INC. 1630 EDMONDSON AVENUE CATONSVILLE MD 21228 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrast, shock, or heart feilure. List only one cause on each line. Approximate totarval Between Onset end Deeth **Physician** /Medical day Immediate Ceuse (Final A CULTE RESPIRATORY PANURE diseese or condition resulting in death) Examiner Due to (or es e consequença of): the buriel-trensit Sequentielly list conditions, if eny, laeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of) attending physician for use es the burie Physician/Medical Due to (or as e consequance of) 80 signed by the a Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? Algheimer's 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown Repeato þ 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed 2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours effer deeth.

To the Funeral Director: After this certifice completely filled in by the funeral director, I 25. Was case reterred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitel: 1 Dimpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 ☐ Yes 2 ☐ N6 28a. Dete of tnjury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Certification: 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 - Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical ledical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. ofertitier -29b. Signature and 29d. Date signed (Month, Dey, Yeer) M.D. 10 who completed ceuse of death (Item 23a) (Type, Print) 30. Name and a 900 Calon Ano IMPERIAL 31. Date filed legistracs Signeture

Lavidson-Randelle

DHMH 16 Rev 6/95

State

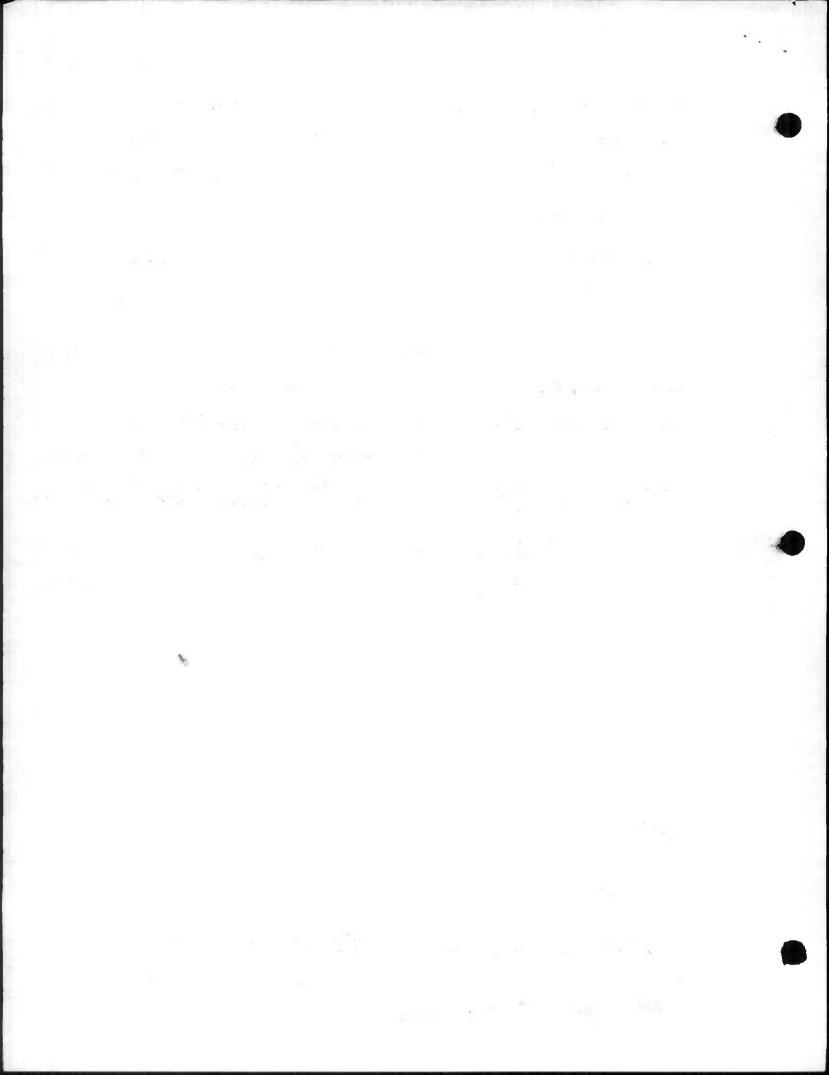


State of Maryland / Department of Health and Mental Hygiene

10020

				,		Certificate of	Death		Re	g. No.	, ,	10020
	Dhamini		1. Decedent's Nema (First, Middle, La	ist)				2.	Date of Deeth)	Voor	3. Tima of Deeth
ı	Physici /Medi		Martin M.	Burke	_				774	3/ /	Year 997	22:40
	Examir		4a. Facility Name (If not institution/git				4b. City, Tow		on of Deeth	4c. County	of Deeth	
1		ш	St. Agnes Hospit				Balti			N,	/A	
	Funeral Director			Sex 7. Age (In yrs.		thday) If Under 1 Year Months Deys		Min.	Dete of Birth (Month, Day, ay 5,	Year) 1922		place (State or Foreign stry) Land
	and **		10a. State 10b. County	10c, C	ity, Towr	n or Location					1	0d. Inside City Limits
	Mary f sh	ō	Maryland Baltimo	ore	C	atonsville						1 ☐ Yes 2 ☐ No
	tha 128s	Director	10e. Street end Number			10f, Zip Code			10	g. Citizen of V	Vhat Cour	itry?
	3a ou		6145 Regent Park	Pood		212	20			U.S.A		
	death rms 2	Funerai	11. Marital Status	12. Was Decedant Evar in L	J,S.	13. Wes Decedent of I		in? (Specify	Yas or No-			an Indien,
0	n 72 hours after death with the Maryland "natural", or items 23s or 28s-f show edical Expander must be notified at		1 Never Married 2 Married	Armed Forces? 1XX as 2 ☐ No				Puerto Rica	in, atc.)	Bied	k, White,	etc.
00	ours First	by	3 ☐ Widowed 4 ☐ Divorced	if Yes, Give Year or Detes: WW	II	1 ☐ Yes 2√√No	Specify:			Specify	Whi	te
5-0	72 h	eted	15. Decedent's E (Specify only highest gr	ducation ade completed)	16e.	Decedent's Usuel Occu	petion	of working	1	6b. Kind of Bu	usiness/Ind	dustry
Maryland 21215-0020	d within jiene. r than "	Completed	Eiementary/Secondery (0-12)	College (1-4or 5+)	1	(Give kind of work done life. DO NOT use retire						
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and	ould be fi Mentai H arked oti atic ever	Be	17. Fether's Name (First, Middle, Lest	•						aiden Sumem	Θ)	
Ž	should Ind Meni	2	Thomas Burke, S		T		Mary		-			
Ma	d 2 sl h and r ls n traur		19e. Informent's Name/Reletionship (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Meiling Address (Stree						
	permit. Pages 1 end 2 should be filed Department of Haalth and Mental Hyg Important: if Itam 27 Is marked other any Injury or other traumatic event, any Enge.		Margaret M. Burke	(Wife)	61	45 Regent P	ark Ro	ad Ca		11e, Ma		
Baltimore,	Pages nent of I ant: If its ary or of		Marial 2 ☐ Cremetion 3 ☐	Removal from State	cemeter	Disposition (Name of y, cremetory or other place ew Memorial	CO) Apri	1 4,199				
Iţiu	it. P.		4 Donetion 5 Other (Special 21. Signature of Funeral Service Lices		cevi	-			91 5	ykesvij	ile,	Maryland
Ba	permit. F Departme importan any injur		21. Signature of Punetal Service Dise	A A		Witzke Fu	neral	Home o	of Cato	onsvill	le, I	nc.
_	-		Lumer	age.		1630 Edmon	dson A	venue	Catons	sville.	Mar	yland 2122
			23a. Pert1. Effer the disease, or comshock, or heart failure. List only	one cetter on each lina.	th. Do n	not enter the mode of dyi	ing, such as c	ardiac or res	spiretory arres	st,		Approximate Intervel Between
3	Physician /Medical		Immediate Ceuse (Finel	Λ 1		1.	1			1	1	Onsat and Deeth
	Examiner		disease or condition resulting in death)	· Acute	W	yourdid	1	Int	unct	4,0 m		2047>
В	444	- E		Due to (or es e c	cohsequence of):						~V ac
	unsit	듄		b. Tryper	1-6	NSION	1				i	00 1124
4	rificata be executed by physician end as the buriel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	Due to (or es e c	consequenca of):					1	
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68	ifical g phy as th	ed	resulting in death) Lest	200 10 (6	71 03 Q U	orisequerice ory.						
Box		NZ.	•	d								
	0 0 0	Physician/	Pert II. Other significant conditions of	ontributing to death but not res	sulting in	tha undarlying cause gi	ven in Part I		23b. Did tob	acco use cor	atribute to	the cause of deeth?
P.O.	by th	hys				, g	7 217 117 127 117		1 ☐ Ye		Carallia.	bably 4 Unknown
	s tha	by F										
D	law requiras that the as been signad by th s 2 should be detache								24e. Wes an	eutopsy	24b. We	ere eutopsy findings eilable prior to
Records,	aw re is be	Completed						_	perioriii	au :	CO	mpletion of cause deeth?
	The law ate has page 2	E							1 ☐ Yes	20 No	1	Yes 2□ No
ta	iclan: The cartificate rector, pag	0	25. Wes case referred to medical				26. Plece o	of Deeth (C)	neck only one			200
\	Physiclan: r this cartific ral director,	To B	exeminer?	Hospitel: Impatient 2	ER/Out	tpetient 3 DOA Ot	hor:			ice 6 Othe	er (Specifi	v)
Division of Vital	g Ph arth		27. Manner of Death	28a. Dete of Injury (Month, Day Year)	28b. T					v Injury occurr		·
0	Attanding or death. actor: Aftai by the fune	atlo	1 Neturei 5 ☐ Pending investigetion		"		Yes 2 N	0				
N N	er de recto	Certification:	3 ☐ Suicide 6 ☐ Could not b	e 28e. Placa of Injury - At h building, etc. (Specia	ome, fer	rm, street, factory, offica		28f.	Location (Stre City or Town,	eet end Number	er or Rura	l Route Number,
ā	rs efter al Directed in by	Ö		building, etc. (Opecin	y /				ony or rown,	Olate)		
	To the Hospital or Attanding Physician: The i within 24 hours effer death. To the Funeral Director: After this cartificate he completely filled in by tha tuneral director, page	edical	29e. Certifier 1 ☐ Certifying Ph	ysicien: To the best of my kno niner: On the bests of examina	wledge,	deeth occurred at the ti	me, dete end	plece, and o	due to the ceu	use(s) end me	nner as st	ated.
	within 24 Within 24 To the Fu		one)	and menner steted.				Souried 9				
	To To	Σ	29b. Signatura and title of cartifier		,	29c. Licens		30		d. Data signed	(Month,	Day, Year)
			9 Stimp	Residen	+	PC	91	28		mar,	31,	1991
•	10		30. Name end eddress of person who		n 23e) (PE Type, Print) 90 Cater A	Stil	15 nc	5. Hes	pirel		
	, 1			atre, mo	90	90 cater a	Ave	Bal	1/mo	~, me	1 6	21229
	Sta		31. Date filed (Month, Dey, Year) APR 03 1997	32. Registrar's Signatural Davidson	eture							
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Deeth **Physician** OLA RIGHAM APRIL 02 /Medical 4a. Fecility Neme (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Glen Burnie North Arundel Hospital Anne Arundel 5. Social Security Number 7. Aga (In yrs. lest birthday) If Undar 1 Yaar 8. Date of Birth May 10, **Funeral** 1 □ M 2 💢 F Months Deys Hours Yef 915 Maryland 212-01-4854 81 Yrs. Director Usuel Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location show 10d. Inside City Limits r than "natural", or items 23e or 28e-f show the Medical Examiner must be notified at Yes 2 No Maryland | Anne Arundel Director Glen Burnie 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 7355 Furnace Branch Road 21061 U.S.A deeth v Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. filed within 72 hours efter 1 □ Never Married 2 □ Married Maryland 21215-0020 1 ☐ Yes 2√∑ No Specify: Specify: White à 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Business/Industry Peges 1 and 2 should be filed within nent of Health and Mental Hygiene. nt: If item 27 is marked other than Elamantary/Secondary (0-12) Collaga (1-4or 5+) Presser Grief Co. 17. Fether's Nema (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Surneme) Be Peter J. Markey May Jordan 19e. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Address (Streat end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Peges 1 end 2.
Department of Health elimportant: if Item 27 Is any injury or other trau Delcie Wiles (Sister-in-Law) 3838 Roland Avenue, Baltimore, Md 21211 altimore, 20b. Place of Disposition (Name of cemetery, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Crametion 3 □ Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Zion UMC Cemetery 4/4/97 Upperco, Maryland 22. Name and Address of Facility
A. Alan Seitz, Jr. Funeral Home 21. Signatura of Funerel Servica Licansee Ka 3818 Roland Avenue, Baltimore, Md 21211 23e. Part. Enter the diseasa, or complications thet clusad the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heer fellura. List only one cause on adch life. Approximate Intarval Between Onset end Daath **Physician** Immediate Ceuse (Final diseese or condition resulting In death) /Medical 16 DAYS CONGESTIVE HEART Examiner Due to (or as a consequence of). Examiner 2 MOS END-STAGE DISCASE CARDIAL bunial-transit Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Ceuse (Disease or Injury thet initiated events resulting in deeth) Lest pue Due to (or as a consequence of) 68760. ettending physician for use es the buna Physician/Medical Due to (or as a consequence of) Box signed by the e P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Onknown FAILURE RENAC Records, þ 24b. Wara autopsy findings availeble prior to completion of causa of deeth? Completed 24a. Was en eutopsy performed' certificate hes 1 Tyes 2 No 1 Tes 2 No Division of Vital Be 25. Wes case raferred to medical 26. Placa of Daath (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 2 ER/Outpetient 3 DOA this 28e. Deta of Injury (Month, Dey Yaer) the funeral 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: After t To the Hospital or Attending I within 24 hours effer death.
To the Funeral Director: After 1 Naturel 5 Panding Invastigation Injury 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not ba 3 Sulcida 28e. Plece of injury - At home, farm, street, factory, office building, atc. (Spacify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date end plece, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) end menner stated. 29a. Certifier Medical (Check only one) 29b. Signetura and title of certifier 29c. License number 29d. Dete signed (Month, Dev. Year)) Taliwan Boatens and D47861 02 1997 30. Nema and address of person who completed cause of daeth (Itam 23a) (Type, Print) BOATENS MD NORTH ARVNDEL HOSP. SEEN BURNIE MD

Y. Year)

32. Hegistraric Gignature

Guna Davidson-Rendelle JOSEPH

Registrar **DHMH 16 Rev 6/95**

State

State of Maryland / Department of Health and Mental Hygiene Item23a, 27, 28abcdef, Film746, 4/1/97 ITEM#5 PER F.H. FLM#G746 4/7/97 J.A. Certificate of Death

PI	hys	iciai	n
1	Me	dica	ı
E	xar	nine	r '

JAMES WALLACE BEALL, JR. 4e. Fecility Neme (If not institution, give street end number)

1XM 2DE

MARCH

2. Dete of Deeth

3. Time of Deeth 1997 6:12 AM

213 OAK LANE N.W. 5. Social Security Number

4b. City, Town, or Location of Death GLEN BURNIE

4c. County of Deeth ANNE ARUNDEL

Funeral Director

28a-f show

ral', or items 23s or 28s-f show

"natural", or

Hygiene.

7 is marked other traumatic event, in

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Director

Funeral

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Completed

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Pages 1 and 2 should be filed within 72 hours effer

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Department Important: h any injury o once.

Physician /Medical

Examiner

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page 2 should

certificate

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neral Director: After this y filled in by the funeral di

The law requires that the deeth certificate be executed

P.O. Box 68760.

Division of Vital Records.

or Attending Physician:

Hospital within 24 hours of To the Funeral C

ro the

Examiner

Physician/Medical

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Be Completed

9

Certification:

Medical completely

21215-0020

Baltimore, Maryland

Usuel Rasidence of Dacedent 10e. Stete 10b. County

10 70 1984

1. Decedant's Name (First, Middle, Last)

38 10c, City, Town or Location

If Under 1 Year

10f. Zip Code

Deys

If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)
April 5,1958 Birthplece (State or Foreign Country) Maryland

Maryland Anne Arundel

Glen Burnie

Yrs.

10d. Inside City Limits 1 ☐ Yes 2 No

10e. Street end Number

102 N. Crain Highway Apt. 899

21061 Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

U.S. 14. Race - American Indian, Black, White, etc.

1 Never Married 2 ☐ Merried 3 Widowed 4 Divorced

12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 X No

1 ☐ Yes 2 X No

Specify: White

15. Decedent's Education (Specify only highest grade completed)

College (1-4or 5+)

16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

10g. Citizen of Whet Country?

Elementery/Secondary (0-12) 12th

Painter

7. Age (In yrs. lest birthday)

Self Employed 18. Mother's Name (First, Middle, Maiden Surneme)

17. Fether's Name (First, Middla, Last)

James Wallace Beall Sr.

Gail Westveer

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code)

19a. Informent's Name/Reletionship (Type, Print)

102 N. Crain Highway

Apt. 899 Glen Burnie, Md.

Gail Brooks mother 20a. Method of Disposition

20b. Place of Disposition (Nama of cematery, cremetory or other place)

Date 20c. Location - City or Town, Stete

1 ☐ Burial 2 XICremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)

Metro Crematory, Inc. 22. Name end Address of Fecility 3/26/97 Baltimore, Maryland Gonce Funeral Home P.A.

21. Signeture of Funeral Servica Licensee Franciscoski

4001 Ritchie Highway Baltimore, Md. Part1. Entar the disease, or explications that caused the deeth. Do not anter the mode of dylng, such es cardiec or respiretory errest, shock, or heert feilure. Limitary one ceuse on each line.

Immediata Ceusa (Final disease or condition rasulting in deeth)

Combined Narcotic And Cocaine Intoxication

Dua to (or as e consequence of)

Sequentially list conditions, if eny, leading to immediata cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest

Dua to (or es e consequence of):

Due to (or es a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown

1 Yes 2 No

24b. Were eutopsy findings eveileble prior to completion of cause of deeth?

2 1 No

25. Wes casa rafarred to medical 26. Plece of Death (Check only one)

axaminer? 1 ☑ Yas 2 ☐ No 27. Mannar of Deeth

1 Natural

2 Accident

4 ☐ Homicida

3 ☐ Suicide

5 Panding investigation

6 Could not be

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Data of Injury (Month, Day Yeer) Found 3/24/97

28b. Tima of 28c. Injury at Work? 1 Yas 2 No Unknown

Othar: 4 ☐ Nursing Home 5 ☑ Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred Unknown

24e. Wes en eutopsy performed?

28e. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify)

Location (Streat end Number or Rural Route Number, City or Town, Stete)

213 Oak Lane, Glen Burnie, Md

29s. Cartifier

1 Certifying Physicien: To the best of my knowledge, death occurred at tha time, dete end piece, end dua to tha ceusa(s) and menner es steted. 2M Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Dey, Year)

29b. Sidn

O.C.M.E.

MARCH 24,1997

th (Item 23a) (Type, Print) M

State

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature

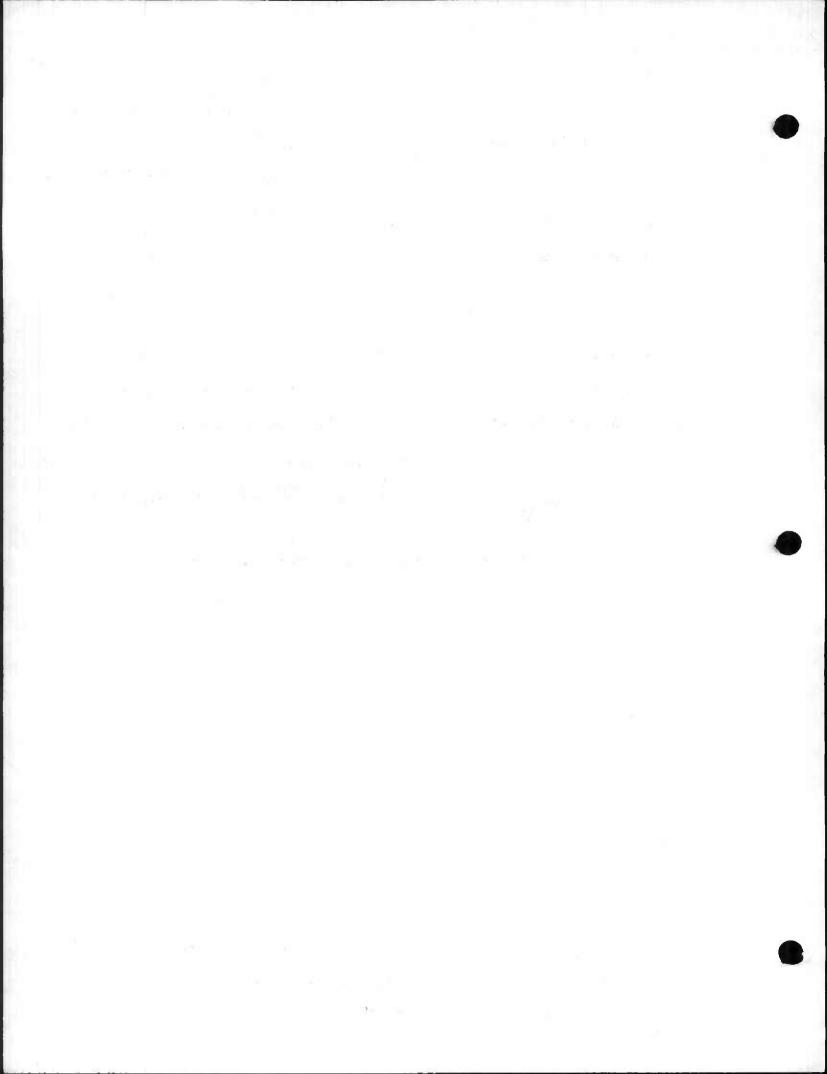
Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

10023

						Cel	rtificate of	Death			Reg. No.		
			1. Decedent's Neme (First, Midd	le, Last)						2. Date of		Veer	3. Time of Death
	Physic		Gary Le	vis Clark	2					Month	h 28. 19	997	6:55 AM
	/Medi Exami		4e. Fecility Name (If not institution					4b. City, Tov	wn, or Lo			nty of Death	1
7	CAAIIII	ilei	1051 Roland					Balti			1		
÷			5. Sociel Security Number	6. Sex		. lest birthday)	If Under 1 Yea			9 Data of	Distal		/A
ш	Funeral		216-62-9314	1₩ 2□ F	43	Yrs.	Months Dey		Min.	(Month,	Birth Day, Year)	9. Birthi	place (State or Foreign
	Director		Usual Residence of Decedent	^	43					Jan.	25, 1954	Nort	th Carolina
	and w		10a. State 10b. County		10c, C	ity, Town or Lo	cation						10d. Inside City Limits
	farylan f ehow	ō	11 0 1	11/4									1 ☐ Yes 2 ☐ No
	the Maryla 28a-f ehor	Sch	Maryland	N/A		Balti			_				Α
	€ 6 8	Director	10e. Street end Number				10f. Zip Code				10g. Citizen o	of Whet Cou	ntry?
	death with the Maryland ms 23a or 28a-f ehow	<u>a</u>	1051 Roland	Heights	Avenue		21	211			L	1.S.A.	
		Funeral	11. Marital Status	12. Was De Armed F	cedent Ever in U Forces?	J,S. 13. \	Was Decedent of f Yes, specify Cu	Hispanic Orlg	gin? (Spe	cify Yes or	No- 14. R	ace - Ameri leck, White,	
0	hours efter ural', or he		1 Never Merried 2 Mar	ried 1 X Yes	2 □ No live		1 ☐ Yes 2 ☑ No						
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5-6	72 test	Completed	15. Deceder (Specify only highe	t's Education	0	16a. Deced	dent's Usuel Occu	upetion	of working	ng.	16b. Kind of	Business/In	dustry
21	within ene.	ğ	Elementery/Secondery (0-12)		(1-4or 5+)	life. I	DO NOT use retir	ed)	O WORKII	,9			
21	d wigien	lo.	12th grade			So	lespers	on			Jewel	ry Co	mpany
bu	be filed itel Hyg d other event,	Be (17. Fether's Neme (First, Middle,	Last)				18. Mothe	r's Name	(First, Mid	dle, Maiden Sum	ame)	
a	Ald b Aente rked tice	To	Arthur A. Cla	rk				Mar	u El	izabe	th Kimme	elshue.	
Maryland	2 should be filed v and Mentel Hygie Is marked other t aumatic event, the		19e. Informent's Name/Relations	ship (Type, Print)		19b. Mailir	ng Address (Stree				mber, City or Tov		
	C/ c0 m c		Lillian Santmy	er (Siste	n.)	5106	Richard	Avenu	o R	altim	ore, Mar	uland	21214
ē,	Hear Hear		20a. Method of Disposition	,00000	20b.	Place of Dispo	sition (Neme of		, D.	Dete	20c. Locatio		
9	nt of		1 Burial 2 □ Cremation		n State		netory or other pl						
===	artmer ortant: Injury		4 Donetion 5 Other (S		Ga		Forest				Owings	Mill	s, Marylan
Baltimore,	permit. Pages 1 and: Department of Health Important: If Item 27: any Injury or other tr once.		21. Signeture of Funeral Service	Licensee		\$2	2. Name end Addi Chumunek	ross of Facility Funeri	al H	ome			
	40200		John John	grab.		33	331 Breh	ms Lan	e, B	altim	ore, Mar	yland	21213
			23a. Pert1. Enter the disease, or shock, or heert failure. List	complications that	ceused the dea	th. Do not ent	er the mode of dy	ing, such es	cardiac o	r respiretor	y errest,		Approximete Intervel Between
Л	Physician											1	Onset end Death
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п	Examiner		resulting in deeth)	e. Art		cres e conseq	ic Card	liovas	scul	ar D	isease		
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m	The law requires that the death ste hes been signed by the atte page 2 should be detached for	Physicia	Part II Other steeldlesses and date		1	** * **							
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Δ.	that ed by deta		Diabetes							1	Yes 2 No	3 □ Pro	bably 40 Unknow
of Vital Records,	sign and b	Completed by										T 045 14	
0	neen houl	ste								24a. W	/as en autopsy erformed?	91	ere eutopsy findings vellable prior to empletion of cause
ec	law es b	g										of	deeth?
H	The ste h	5								1,	¥Yes 2□No	11	Yes 2□ No
ita	sician: The law certificete hes b lirector, page 2 s	Be	25. Wes cese referred to medica					26. Place	of Death	(Check on	ly one)		
>	Physician: this certific	To E	examiner? 1⊟Yes 2□ No	Hospital:	Inpatient 2	ER/Outpetien	t 3 DOA	Ab a a			esidence 6 🗆 0	ther (Speci	(hr)
0	g Phys er this eral di		27. Manner of Death	28a. Date	of Injury	28b. Time of					be how injury occ		,,
Division	Attending ir death. octor: After by the fune	tio	Naturel 5 ☐ Pendir 2 ☐ Accident investi	9	nth, Day Year)	Injury		onk? ⊒Yəs 2.⊟1	No				
/is	Atter r dea octor	Tic.	3 ☐ Sulcide 6 ☐ Could	inad 200, F100	e of Injury - At h	ome, tarm, str	eet, factory, office	9	2	8f. Locatio	n (Street end Nu	mber or Run	al Route Number,
Ö	affe Dir	Certification:	4 ☐ Homicide	build	ding, etc. (Speci	fy)				City or	Town, State)		
	aplta ours neral		29a. Certifier 1□ Certifvir	g Phyelclen: To th	e best of my knr	wiedge death	occurred at the t	time date end	d place e	nd due to t	he reuse/s) and	menner es s	steted
	Ho 24 h Fur etely	edicai		Examiner: On the i	pesis of exemine	etion end/or Inv	estigation, in my	opinion, deat	th occurre	d et the tin	ne, date end plac	e, end due t	o the ceuse(s)
	To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	₹ E	29b. Signature end title of certifie				29c. Licer	nse number			29d. Date sig	ned (Month	Dev. Year)
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	1/2		30. Name end eddress of person			4							
	7		Stephen Rade			111 1	Penn St	reet,	Ba.	ltim	ore, Ma	aryla	nd 21201
	Sta		31. Dete filed (Month, Dey, Year)	32.	Registrar's Sign	ature %	and so						
	Registi	ar	APR 0 8	1997	June	- (100) 1							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Mari urran 905 Pm /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth Columbra, MSI HOWARD md. prien if Under 1 Year If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** Birthplace (State or Foreign Country) 1 M 201F Months Yrs. Director 213-42-4501 84 May 15,1913 Maryland Usual Residence of Decedent the Manyland 10a State show 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or itams 23a or 28a-f show other traumatic event, the Medical Examiner must be not find at Director 1 ☐ Yes 2 ☐ No Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8326 Windsor Mill Road Funeral 21207 U.S.A. death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. Pages 1 and 2 should be filled within 72 hours after nent of Health and Mental Hygiene.
Intt. If from 27 Is marked other than "natural", or its 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 A No Specify: λq Specify: White 3 ☑ Widowed 4 ☐ Divorced Year or Detes: Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Medical Secretary Health Care 17. Father's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Maiden Sumeme) Cletus J. Nitsch ည Elizabeth Schaeffer 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Joseph L. Curran (Son) 4913 Worthington Way Ellicott City, Maryland 21042 20b. Piece of Disposition (Name of cametery, cremetory or other piece) April 4, Dete 20a. Method of Disposition 20c. Location - City or Town, Stete Department of I Important: If its any injury or of once. 1 k Burial 2 ☐ Cremetion 3 ☐ Removel from State St. Alphonsus Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 1997 Woodstock, Maryland 21. Signature of Pullera Service Licensee .22. Name end Address of Facility. Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 23a. Pert1. Enter the disease, or complications that caused shock, or heart feilure. List only one cause on each Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete Intervel Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medicai Pespiratory 24 hrs Examiner Due to (or es e consequence of) Physician/Medical Examiner metastatic cancel 24000 Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury Due to (or es e consequence of) the attanding physiclan or Attending Physician: The law requires that the death certificate be thet initieted events resulting in deeth) Lest thet Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? á 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ģ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? 1 ☐ Yes 2 19 10 1 ☐ Yes 2 ☐ No director, 25. Wes case referred to medical examiner? Be 28. Place of Deeth (Check only one) Hospitei: Other: 4 Unitsing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Menner of Seeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 PNatural death. s efter death.

I Director: A in by the fu 1 ☐ Yes 2 ☐ No 2 ☐ Addident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours of To the Funeral D completaly filled i Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier

0

Maryland 21215-0020

Baltimore,

Division of Vital Records, P.O. Box 6876

State Registrar

31. Dete filed (Month, Dey, Year) APR 0.3 1997

29b. Signeture end title of certifier

Stomas A Russ

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

(Check only

Momas Russi, mo 10805 32. Registrer's Signeture Davidson-Randell

MO

29c. License number

29d. Dete signed (Month, Dey. Year)

April 2,199

Hickory Ridge Rd Columbia MD

ANT THE PROPERTY OF A LOCAL

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 10025

						Certificat	e of	Death		Reg. No.		
	Disconic		1. Decedent's Neme (First, Middle, Las	st)		110			2. Dete of D	eath	V	3. Time of Death
	Physic /Medi		EVELYN			('AR	M	AN	MARC	H 29	1997	2040
	Exami		4a. Fecility Neme (If not institution, give	e street end number)				4b. City, Town,	or Location of Dee		y of Deeth	00 10
			SHADY GROVE I	ADVENTIST HOSE	דתיאד.			ROCKV	TTTE	MONTH	COMED	37
	Funeral		5. Sociel Security Number 6. S	ex 7. Age (In yrs		day) If Under		If Under 24	Hrs. 8. Deta of Bi	rth	GOMER 9. Birthp	plece (Stete or Foreign htry)
	Director		217-01-6571	□M 2△F) Yr	Months .	Deys	Hours I	Min. (Month, D	21,1916		land
	ō		Usuel Residence of Decedent						111011	.1,1710	, ridi	Tana
	how		10e. State 10b. County			or Location					1	0d. Inside City Limits
	e-f	cto	Maryland Montgome	ery (Gaith	ersburg	5					1 ☐ Yes 2 💢 No
	or 28	Directo	10e. Street end Number			10f. Zip	Code			10g. Citizen of	Whet Cour	ntry?
	23a (11116 Pinion Cour	t			208	78		U.S.A.		
	72 hours after death with the Maryland natural', or Itams 23s or 28s-f show dreal Examiner mut be notified at	Funeral	11. Maritel Status	12. Was Decedent Ever in U	J,S.	13. Wes Deced	dent of	Hispanic Origin	? (Specify Yes or N		ce - Americ	
0	or Ite		1 Never Merried 2 Married	Armed Forces? 1 ☐ Yes 2 ☑ No					uerto Rican, etc.)	Ble	eck, White,	etc.
02	al', c	b	3 ☐ Widowed 4 ☑ Divorced	If Yes, Give "Yeer or Detes:		1 ☐ Yes	2X_MNo	Specify:		Specia	γ Whi	te
20	d within 72 hours piene. r than "natural", the Medical Ex	Completed	15. Decedant's Ed	lucetion	16a. D	ecedant's Usue	el Occu	pation		16b. Kind of B	Business/Inc	dustry
21	within ene.	ple	(Specify only highest gre Elamentery/Secondary (0-12)	Collaga (1-4or 5+)	- "	ife. DO NOT us	sa ratire	during most of	working			
21		No.	12		Sci	ence La	b A	ide		Educat	ion	
Pu	be filed ntal Hygind of other event, II	Be (17. Fethar's Nama (First, Middle, Last)					18. Mother's	Name (First, Middle	, Maiden Sumer	me)	
/la		To	Burley Elseroad					Mary	Elseroa	d		
an	S DEE		19e. Informent's Name/Reletionship (7	'ype, Print)	19b. N	Meiling Address	(Stree	t end Number o	r Rurel Route Numb	er, City or Town	, Stata, Zip	Code)
Σ			Alice Young (Daughter)	11	116 Pin	ion	Court	Gaithersh	uro. Ma	rvlan	d 20878
Baltimore, Maryland 21215-0020	of Healt		20e. Method of Disposition	20b.	Diago of F	Dienocition (Alon	no of	ce)April	Date	20c. Location		
E C	Paga ent o nt: If y or		XXBurial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	Helliovel Holli State		Church		-	1997	Hompoto	nad N	Manual and
	artm ortar Injui		21. Signeture of Funeral Service Licen		Siey							Maryland_
B	permit. Pagas 1 an Department of Heal Important: If Nem 2 any injury or other once.		hd 0 4) \$		Witzke	Fu	neral H	ome of Ca	tonsvil	le, I	nc.
			Standa L	Lemmer							, Mar	yland 21228
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only	one cause on each lina.	th. Do no	t enter the mod	e of dy	ing, such as cer	diac or respiretory of	errest,		Approximete Intervel Batween
	Physician /Medical		Immediate Cours (First								1	Onset end Death
	Examiner		Immediate Ceusa (Final diseese or condition rasulting in death)	· Metastatic	Sma	11 Cell	Ca	rcinoma	of the l	ung	1	months
Æ		<u>.</u>	resolving in south			nsaquance of):				ı	1	
7	isi 6	Examiner		b								
	-trar	xau	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying	Due to (or es e co	nsequence of):					1	
09	be	<u>8</u>	Ceusa (Diseese or Injury	C								
68760	certificate be vacated iding physician ise as the burial-transit	edicai	thet initiated events resulting in death) Lest	Due to (c	or es e cor	nsequence of):						
×	ding se as	N.		d							i	
Вох		an										
	the atten	Physician	Part II. Other eignificent conditione co	entributing to death but not re-	sulting in t	he undarlying o	euse g	ven In Pert I.	23b. Did	tobacco use co	ontribute to	the cause of death?
P.0.	res that tha daath signed by the atter be detached for u	Ph	Atherosclerotic e	ardinuascular	dica.	-(1			1 ₪	Yes 2□ No	3 ☐ Prot	bably 4 Unknown
s,	igne be d	by			anse	77 -						
50	v requires been sign should be	Completed								en eutopsy ormed?	eve	ere eutopsy findings eileble prior to
ec.	aw 2 s b	ple							_		of	mpletion of ceuse daath?
Œ	The law sta has b paga 2 s	E							10	Yes 22 No	10	☐Yes 2☐No
		Be	25. Was cese refarrad to medical					26. Placa of	Daath (Check only	one)		
>	Physician: r this certific ral director,	70	exeminar? 1 ☐ Yes 2 ☑ No	Hospital: 1 Inpatient 2	ER/Outp	etient 3 DC	OA Ot	hor:	ng Homa 5 ☐ Ras		her (Specifi	v)
0	문 등 교		27. Manpar of Death	28a. Data of Injury	28b. Tim		8c. Inju			how injury occur		,
0	ath. :: After e funer	atio	1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Day Year)	Inju	M		Yes 2 No				
<u>S</u>	Atte	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	286. Piece of injury - At n	ome, ferm	, straet, factory	, office				bar or Rure	I Route Numbar,
ā	d in die	ert	4 Homicida	building, etc. (Spaci	ry)				City of 10	wn, Stete)		
	splts nours nera / fille		29a. Certifiar 12 Certifying Phy	velcian: To the best of my kno	owledga, d	laath occurred	et the ti	me, data end pl	lece, end due to tha	ceusa(s) end m	enner es si	atad.
	To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical	(Check only 2 Medical Exam	tner: On the basis of examine end menner steted.	etion end/o	or invastigation,	in my	opinion, death o	occurred at the time,	dete end plece,	and due to	the ceuse(s)
	of the company of the	M	29b. Signature end title of certifier			290	. Lican	sa number		29d. Dete signe	ed (Month,	Dey, Year)
			Bundp ()	m O			0-	19 111		March .	70 10	97
	10		30 Name and address of hereon who o		m 23c\ /T:	mo Print)	U	11010		I threat	10 11	11
	V		30. Name end eddrass of person who de BYRL 0. JOHNSU		11 23 0) (1)	(rell A.	0	, (a)	thersburg	000	n A A	7.0
	CAC	**	31. Deta filed (Month. Dav. Year)	32. Registrar's Sign	ature	NV	CU A	ic own	TOLONA	rioryland	108	
	Sta Registr		APR 0.3 1997	guila Javidson-	jandel	2						

State of Maryland / Department of Health and Mental Hygiene

10026

					Cer	tificate of	Death		Reg. No.		
		1. Decedant's Neme (First, Midd	lie, Last)					2. Dete of D	eath	V	3. Time of Death
Physic		BARBARA	K		1	EANE		APRTL	O1	Year L997	7:24 am
/Med		4e. Fecility Neme (If not institution	on, give street end number	ar)		CANE	4b. City, Town, or L			y of Deeth	7:24 am
Exam	mer				т				40. Oddin	y 0. 000	
		5. Sociel Security Number	NS HOPKINS 6. Sex 7.	HUSPITA Age <i>(In yrs. l</i> es		If Under 1 Year	BALTIMORI If Under 24 Hrs.		1-sh	0.5:45	1
Funera		109-24-3716	1 M 2 X F	65 Age (III yis. les	Yrs.	Months Deys		8. Dete of B	2, 1932	9. Birth Cou	pleca (Steta or Foreigi nfry)
Directo	20	Usuel Residence of Decedent		05	113.			January	2, 1932	New	York
and w	1	10a. Stete 10b. County	/	10c. City.	Town or Loc	cation					10d. Inside City Limits
aho	5										1 ☐ Yes 2 🛣 No
1 8 8 P	act.	Georgia Hall		Gaines	ville	T					
death with the Maryland rms 23a or 28a-f show r must be notified at	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Cou	ntry?
ath v	<u>a</u>	4937 Red Oak Drive				30506			United St	tates	
er de	Funeral	11. Marital Status	12. Wes Decede Armed Force	nt Ever in U,S.	13. W	Vas Decedent of I Yes, specify Cub	Hispenic Origin? (Sp pen, Mexican, Puerto	pecify Yes or No Rican, etc.)	lo- 14. Ra	ce - Ameri	can Indien,
or it		1 Never Married 2 Mar	If Yes Give	X No		☐ Yes 2 No					
rai',	by	3 Widowed 4 Divorca	Year or Date	s:		_ 100 E_100	орослу.		Speci	y: Whi	te
72 h natu	Completed	15. Decader	nt's Education est grede completed)		16e. Decede	ent's Usual Occup	pation during most of work	kina	16b. Kind of E	Businass/Ir	ndustry
Pan Pan	g	Elementery/Secondary (0-12)	Collaga (1-4c	or 5+)	life. D	O NOT use retire	ed)	mg			
d wil	0		4	F	reelan	ce Writer			Magaz	ine	
othe other	Be	17. Fether's Neme (First, Middle,	Last)				18. Mothar's Nam	ne (First, Middl	e, Maiden Surna	me)	
permit. Peges 1 and 2 should be filed within 72 hours after death with the Manylan Department of Health end Mantel Hygiane. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examine mail to notified at once.	ToB	Raymond Knorr					Unknown				
shound N	1-	19a. Informent's Neme/Ralation:	ship (Typa, Print)		19b. Mailing	a Address (Street	t end Number or Ru	rai Route Num	ber. City or Town	. Stete. Zi	n Coda)
d 2 strain							ve Gainesv				00000)
Haa Haa		Mr. Douglas Deane 20a. Method of Disposition	/ Husband					Dete Dete	20c. Location		own State
Peges nent of I		1 X Burial 2 ☐ Cremetion	3 Removal from Ste	ie		sition (Neme of atory or other pla	1				
mit. Peges 1 ar partment of Haa portant: If Item 2 y Injury or other		4 Donetion 5 Other (5	Specify)	Memor-	ial Par	k Cemetery	/ 4	1/4/97	Gainesvi	lle, G	eorgia
Depart Important in		21. Signeture of Funerel Service				Name end Addre					
205 # 5		Burn a. V	Jellen		Leo	nard J. Kl. 15 Harford	ick, Inc. Fu		me D 21214		
		23a. Part1. Enter the disease, o shock, or heert feilure. Lis-	r complications that caus	sed the death.							Approximeta
Physician		Shock, or neer tellure. Lis	t only one ceuse on eech	ina.						ĺ	Onset end Daath
/Medical	_	Immediate Ceusa (Final									
Examiner		diseese or condition resulting in death)	a. FUCIMI	NANT	LIV	ier fa	HLUTE				1 weeks
	<u>-</u>			Due to (or e	s e consaqu	uenca of):					
asit asit	Examiner		. ACUT	TE RS	ENAL	L FAI	LUTE			3	3 weeks
ificata be execu g physician and as tha bunal-trar	хал	Sequentially tist conditions, if eny, leading to immediate		Due to (or e	s e consequ	uance of):					
cian cian	- H	Cause. Enter Underlying Cause (Diseese or Injury	· PANO	reat	10- 0	Cance				(INE MONTH
hysi that	edical	that initiated avents resulting in death) Lest		Due to (or as			-				2140 1-101411
certificata be executariding physician and ise as the bunal-transit	/Mec		L							!	
_ 6 3	an		U								
0 0 0	Physician	Part II. Other significant conditi	one contributing to death	but not resulting	ng in the un	derlying cause gi	ven in Pert I.	23b. Dio	tobacco uea co	ontribute t	o the cause of death
t the by th tach	, h								Yes 20 No	3 □ Pro	
ned e de	by P	ADULT RESPIR	ATORY DIS	Tress	SYN	DYOME			7		
The law requires that the ate hes been signed by th page 2 should be detache			,					24e. We	s en eutopsy	24b. W	ere autopsy findings
v require been si	Completed	OVERWHELMIN	G SEPSI	S				per	formed?	6/	velleble prior to empletion of cause
hes hes	m du								\	of	deeth?
	CO							1 🗆	Yes 200	1	Yes 2000
ysician: The l s certificate he director, page	Be	25. Wes case rafarrad to medica axeminer?	al				26. Pleca of Dae	th (Check only	one)		,
Physician: r this certific iral director,	2	1 Yes 2 No	Hospitat:	atient 2 EF	l/Outpetient	3□ DOA Oti	her: 4 Nursing H	ome 5 Res	sidence 6 🗆 Ot	her (Speci	fy)
g Ph er th		27. Manner of Death	28e. Deta of Ir	njury 28	3b. Time of	28c. Inju Wo			how Injury occu		
ath. r: After e funar	atio	Neturel 5 Pandii	ng (Montin, L igetion	Day Yeer)	Injury		Yes 2 No				
Attending or death.	ertification:	3 ☐ Suicide 6 ☐ Could	nined Zoa. Flaca of	Injury - At home	a, farm, stre	et, fectory, office				ber or Rur	al Route Number,
efte Olre	ert	4 ☐ Homicida datem	building,	etc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			own, Stete)		
pita ours ours filled	0	29a, Certifiar Certifyli	ng Phyeiclen: To the bes	et of my knowle	doe deeth	occurred at the ti	ima data and nicco	and due to the	o couco(a) and m		atotad
Hos Pur etely	edical	(Check only 2 Medical	Examinar: On the basis and manner	of examinetion	and/or inve	estigetion, in my	opinion, death occur	red et tha tima	, data and placa,	end due t	o the cause(s)
To the Hospital or Attending Phwithin 24 hours effer death. To the Funeral Director: Affer this completely filled in by the funaral	M	29b. Signature end title of certifie	, (Xn	1	29c. Licens	se number		29d. Deta signo	ed (Month	Day, Year)
F 3 F 8		N) .6/	KXL D	(X))				_ou. Dota oigin	- a freezenti,	
-		Jan Fa	16 Naure	, ce		RES	5-000)	April	1	997
2		30. Name end addrass of parson	who completed cause of	f deeth (Item 23	3e) (Type, P	Print)				,	
		MARY ELIZABETH HAN	HOL O'D YST	NS HOPK	NS HO	SPITAL (001)	NI WOLFE ST	BACTIMOR	E. MARYLA	s au	7861
St	ate	31. Data filed (Month, Dey, Year)	32. Regis	strar Signatur		Mandelle			, , , , , , ,		
Regist	trar	APR	031997	guna de	widson-	Market					

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State of Maryland / Department of Health and Mental Hygiene

10027

					Certificate of	of Death	F	Reg. No.	1 10	041
	Dhusia	inn	1. Decedent's Neme (First, Middle, La	est)			2. Dete of Dee	eth	Voor	ne of Dowth
J	Physic /Medi		ROSALIE MAE E	IKENBERG			APRIL 2	, T997	4:5	9 AM
	Exami		4a. Fecility Name (If not Institution, given	e street and number)		4b. City, Town, or L	ocation of Deeth	4c. County	of Death	
L			HERITAGE NURSING 5. Social Security Number 6. S		ERMAN HILL RD	DUNDALI ar If Under 24 Hrs.		BALTI		
Į,	Funeral Director			IDM 28 F	. last birthday) If Under 1 Ye Months De		8. Date of Birth (Month, Day	, Year)	9. Birthplece (Sta Country)	
			Usual Residence of Decedent	9	8		Oct 6,	1898	MARYLA	ND
	how		10a. State 10b. County	10c. Ci	ity, Town or Location				10d. Insid	de City Limits
	Ba-f s	Director	MD BALTIM	ORE	DUNDALK,	MARYLAND			10	Yes 20 No
	vith th	Dire	10e. Street end Number		10f. Zlp Cod			10g. Citizen of V	Vhet Country?	
	a 23	Funeral	7818 JAMESFORD		212:			USA		
	item item	in in	11. Marital Status 1 □ Never Married 2 □ Merried	12. Wes Decedent Ever in L Armed Forces? 1 ☐ Yes 2 ☑ No	If Yes, specify C	of Hispenic Origin? (Sp uben, Mexican, Puerto	ecity Yes or No- Rican, etc.)	14. Hec	a - American Indie: ck, White, etc.	n,
21215-0020	be filed within 72 hours after death with the Maryland itel Hygiene. Id other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at	by	3, Widowed 4 Divorced	If Yes, Give Yeer or Dates:	1 □ Yes 2 ☑ N	lo Specify:		Specify	WHITE	
2-0	72 hor		15. Decedent's E	ducation	16a. Decedent's Usual Oc	cupation		16b. Kind of Bu	usiness/industry	
21	ithin 7	Completed	(Specify only highest gra Elementery/Secondery (0-12)	College (1-4or 5+)	life. DO NOT use rel	ne during most of work ired)	ing			
121	filed w Hygier thar th	S	6th	N/A	HOMEMAK	T		HOME		
and	be fill	Be	17. Father's Name (First, Middle, Last)		18. Mother's Nem			Θ)	
Maryland	d 2 should be filled withli th and Mentel Hygiene. 7 is marked other than traumatic event, tra M	5	LOUIS WISNER 19e. Informant's Name/Relationship (Time Origin	406 840700 844400 (000	MARGRE'		NOWN)	August and a sub-	
Ma	12 hah		HELEN MARLENE C.		19b. Mailing Address (Str. 4606 CROS)	SWOOD AVE,				
re,			20e. Method of Disposition		Place of Disposition (Name of				City or Town, Stete	.0
- - -	Page ent o nt: If i		1 Burial 2 Cremetion 3 4 Donation 5 Other (Specific	JHemovel from State	cemetery, crematory or other p CARDENS OF FAI		4/5/97	DAITT	MORE CO	MD
Baltimore,	permit. Pages 1 a Depertment of Hei Important: If item any injury or otha		21. Signeture of Funerel Service Licer		22. Name end Ad		+/ 3/ 3/	DALII	PIORE CO	FID
m	o a ii o		1 hay Dr	Show W	HARTLEY	MILLER FUI 7 HARFORD I	NERAL HO	ME TMORE	MD 2123	/1
		Г	23e. Part1. Enter the disease, or come shock, or heart failure. List only	plications that caused the deal					Approxi	
ij.	Physician								Onset e	end Deeth
1	/Medical Examiner		Immediete Ceuse (Final disease or condition resulting in death)	ARTERIOSCI	LERUTIC CAR	DIOVASCU	[Ad]	DISEAS	E	
1		<u>_</u>	TOSHRING III OGALII)		or es e consequenca of);					
F	28 TH	Examiner		b. NON INSU	1	endent d	9/1965	ES ME	LLITUS -	
-	be a cuted sican and burial-transit	Exa	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events	Due to (or es e consequenca of):				1	
6876	le be	Icai	Ceuse (Disease or injury thet initieted events	cDue to (c	or es e consequence of):					
x 68	certificate be nding physics use as the bu	Medical	resulting in deeth) Lest							
B 0	eath cert attendin I for use			d					1	
0	the a	Physician	Pert II. Other eignificant conditions of				23b. Dld to	obacco use co	ntribute to the cau	se of death?
4	that the de led by the a deteched		CEREBRO V	ASCULAR.	IN SUFFICIE	MCY.	1 🗆 Y	'es 2□ No	3 Probably	4 図 Unknow
Records,	 requires that the death been signed by the atternid be deteched for a 	d by					24e. Wes 6	an Autoney	24b. Were eutop	osy findinos
00	> TT (2)	Completed					perfor		eveilable pr completion	rior to
Re	The lew ete hes b page 2 s	ошо					1 D Y	es 2/0 No	of deeth?	OFF No
Vital		0	25. Wes case referred to medical			26. Plece of Deet			1 ☐ Yes	ZIZIJ NO
>	0 0	To B	exeminer? 1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpatient 2	ER/Outpetient 3□ DOA	Other	me 5 Resid		er (Specify)	
n of			27. Menner of Deeth 1 Neturel 5 □ Pending	28e. Dete of Injury (Month, Day Year)	28b. Time of 28c. In Injury		28d. Describe h			
Sio	Attending or death. Actor: After by the fune	atic	2 ☐ Accident Investigation	1		☐ Yes 2 ☐ No				
Division	or Attendi efter death Diractor: A d in by the f	Certification:	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined	28e. Place of Injury - At h building, etc. (Special	ome, ferm, street, factory, offic fy)	ca	28f. Location (S. City or Town		er or Rural Route f	Vumber,
	To the Hospital or within 24 hours effer To the Funaral Dir. completely filled in		29e. Certifier 1X Certifying Ph							
	To the Hospital within 24 hours of To the Funaral I completely filled	edicai		ysician: To the best of my kno niner: On the basis of exemina end manner stated.	owledge, deeth occurred et the ation end/or investigetion, in m	time, dete end pleca, y opinion, death occuri	and due to the c red et the time, d	ause(s) and me lete end pieca, i	nner es steted. and due to the ceu:	se(s)
	To the	Me	29b. Signeture end title of cartifier	one manner stated.	29c. Lice	nse number	2	9d. Dete signe	d (Month, Day, Yea	ar)
			MANA	raque, Ard	D. D1	7753		4-0	03-19	97.
	7		30. Name end eddress of person who	completed cause of deeth (Iter	m 23e) (Type, Print)			-/		
	U		710 CHURCH		LTimore;	MD 21	225			
	Sta		31. Date filed (Month, Day, Year) APR 0 3 1997	22 Registrar's Signe	eture					
	Registr	ar	APR 0 3 1997	year wastdoon from	de BO					

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State of Maryland / Department of Health and Mental Hygiene

						ficate of			Reg. No.		
Physic	ian	Decedent's Name (First, Middle, Last						2. Dete of De Month		Year	3. Time of Deeth
/Medi		George A. Fe	enwick						28, 199	7	1:30 PM
Examir		4a. Facility Neme (If not institution, give		*			4b. City, Town, or		h 4c. County	of Death	
		8800 Walther Bli	vd., Apt.	2208			Baltimo			imore	
Funeral Director		5. Social Security Number 142-16-4596 Usual Residence of Decadent	X 7. A	ga (In yrs. las 77		f Under 1 Year Ionths Days		8. Date of Bir (Month, Da	th ly, Year) 14, 1919	9. Birthpi Count Kentu	ace (State or Fore Cky
8 11		10a. State 10b. County		10c. City, 7	Town or Locati	ion				10	d. Inside City Lim
natural, or items 23s or 28s-f show	ō	Maryland Baltimo	7.0		Ra.	ltimor	0				1□Yes 2X
28a	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of \	What Count	in/?
38 9		8800 Walther Blv	1 Ant	2208		212	21		U.S.A		.,,
78.2	era		12. Wes Decaden	t Ever in U.S.	13. Was			Specify Yes or No		e - America	an indien.
"natural", or items 23a or 28a-f ahow soical Examiner must be notified at	by Funeral	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces 1 Yes 2 X If Yes, Give Year or Dates:	? (No		es, specify Cul	Hispenic Orlgin? (Span, Mexican, Puer Specify:	to Rican, etc.)	Specify Specify	ck, White, e	etc.
a final	Completed	15. Decedent's Edu	cation	1	16e. Decedent	t's Usual Occu	pation		16b. Kind of B	usiness/Ind	ustry
than "n	pie	(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4or	54)	life. DO	d of work done NOT use retin	during most of wo	rking			
giene Fr th	Com	Elomonial y Coolings y (o 12)	4	31)	Vice P	reside	rt		Educat	ion -	College
oth vent	Be (17. Father's Name (First, Middle, Last)					18. Mother's Na	me (First, Middle	Maiden Suman	ne)	
Mente irked	To	James A. Fenwa	ick				Mabel	Stroth	ier		
a ma		19e. Informant's Name/Relationship (Ty	rpe, Print)		19b. Mailing A	Address (Stree	et and Number or R	ural Route Numb	er, City or Town,	State, Zip	Code)
Health em 27 I		Mrs. Mary Lou Fer	wick (wi	se)	8800 U	walthe	z Blud., A	pt. 2208	, Balti	more.	MD 2123
of Heal item 2 r other		20a. Method of Disposition			ca of Disposition	on (Name of		Date	20c. Location -		
nt: If ite		1 ☐ Burial 2 ☐ Cremetion 3 🛱 F 4 ☐ Donation 5 ☐ Other (Specify)						4/2/97	East Ha	t Hanover, N.J.	
Depertment mportant: any injury ance.		21. Signature of Funeral Service Licans			22. Na	ame end Addr	ess of Fecility				, , , , , ,
SE SO		11/1/			Sch	nimunob	Functal	Homes,	Inc.		
					000	vanance	uneun	11011103,			
	Н	23a, Part 1. Enter the disease or comple	ications that cause	ed the death	970	15 Bela	ing such as cardia	Baltimor	e, MD	21236	Annrovimate
	П	23a. Part1. Enter the disease, or compleshock, or heart failure. List only or	ications that cause ne ceuse on each	ed the death. line.	970 Do not enter th	05 Bela	ing, such as cardia	Baltimon	rest, MD	1	Approximate Intervel Between Onset end Death
•		Immediate Ceuse (Final		- Aminon	Do not enter th	05 Bela he mode of dy	ing, such as cardia	Baltimor c or respiratory e	rrest,	1	Intervel Between
Medical				cuter	Do not enter the	05 Bela he mode of dy	ing, such as cardia	Baltimor c or respiratory e	e, MD	1	Intervel Between
Medical	er	Immediate Ceuse (Final disease or condition		cuter	Do not enter th	05 Bela he mode of dy	ing, such as cardia	Baltimor c or respiratory e	e, MD	1	Intervel Between
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State Registrar 5 1 A

97-1447-005

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Item: 5 per F.H. G-746 4/18/9 State of Maryland / Department of Health and Mental Hygiene 9 7

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I	tems	: 23 part I,27,28a-f p		18/97 Ce	rtificate of	Death		g. No.		0013
Physic		Decedent's Name (First, Middle, Las LEONARD				TODA TO	2. Date of Deat Month	Day	Yeer	3. Time of Death
/Med Exam		4a. Facility Name (If not institution, give	WAYNE e street and number)			LORA, JR. 4b. City, Town, or Lo		29 1 4c. County	997 of Death	5:55P.M
	Ш	8551 OAK ROAD				BAYNESVI		BALT	IMORE	
Funera Director	_	5. Social Security Number 5928 220-52-5923 Usuel Residence of Decedent	9X 7. Age (In □ M 2□ F 4	yrs. last birthdey Yrs.	Months Days	if Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day, 4/21/4	Year) 9	9. Birthplac Country MARY	ce (State or Foreig) LAND
show		10e. State 10b. County	100	. City, Town or L	ocation				10d	f. Inside City Limits
r 28a-f sh	to	MARYLAND BALTIM	ORE	BAYNES	VILLE					1 ☐ Yes 2 No
or 28	Director	10e. Street and Number			10f. Zip Code		10	og. Citizen of	Whet Country	17
th with 23a or		8551 OAK ROAD			2123	34		119	SA	
er dea Items	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 🖾 Divorced	12. Wes Decedent Ever Armed Forces? 1√ Yes 2 No If Yes, Give		Wes Decedent of I	dispanic Orlgin? (Spe en, Mexican, Puerto I	ecify Yes or No- Rican, etc.)	14. Rad	ce - Americen ck, White, etc	
5-00; 72 hours netural;		15. Decedent's Ed	Year or Dates: VI		dontin House Cook			16b. Kind of B	Whit	
T = =	Completed	(Specify only highest grade Elementery/Secondery (0-12)		(Give	DO NOT use retire	duning most of working)	ng			
nd 212 e filed with al Hygiene. other than	Ü	17. Fether's Name (First, Middle, Last)	ILAKS	HOU	SING INS	18. Mother's Name		BALTIMORE CO. Meiden Surname)		•
ylanould be out of be out of be out of be out of the out	To Be	LEONARD W. FLOR	A, SR.			TEAN AN	N LOCKA	חפ		
Marylar 2 should be and Manta is marked reumatic ev	-	19a. Informent's Name/Relationship (7		19b. Meil	ing Address (Street	and Number or Rure			Stete, Zip C	ode)
Mind 2		DAWN E. FLORA	DAUGHTI	ER 850	2 RAMORT	DRIVE BA	LTIMORE	MD 1	21236	
Baltimore, Maryland Seemit. Pages 1 and 2 should be filed opportment of Health and Mental Hyg mportant: if them 27 is marked other inty injury or other traumatic event, ince.		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	Removel from State	b. Place of Disponentery, cre	osition (Name of metory or other ple	се)	Dete	20c. Location	City or Town	
Baltimore, Mi permit. Pages 1 and 2 Department of Health a Important: If them 27 is any injury or other tran		21. Signature of Funeral Service Liquin	1.4	2	2. Name and Addre	EM. GAR. 4 ess of Fecility JNERAL HOM		COCKEYS		
	r	23 Part Enter the disease, or come shock, or neert feilure. List only o	lications that caused the o	Math. Do not en	OWSON, MI ter the mode of dyle	D 21286 ng, such as cardiac o	r respiretory erre	est,	A	pproximate
Physician		STOCK, OF THE TENTE . EIST OF TY	nie ceuse on eech inie.							ntervel Between Onset end Deeth
/ /Medical Examiner		Immediate Cause (Final disease or condition	NARCOTIC IN	TOXICATIO	٧					
Examiner	Je.	resulting in death)		to (or as e conse	quence of):					
38760, cata be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	b. — Due t	to (or es e conse	quence of):				-	
OX 6	/Medical	Cause (Disease or Injury that initiated events resulting In death) Lest	cDue t	o (or as a conse	quence of):					
O. Boy	Physician/	Part II. Other significent conditions co	ntributing to death but not	resulting in the u	Inderlying ceuse giv	ven In Part I.	23b. Did to	bacco use co	ntribute to ti	he cause of death
that the death or ned by the attend	by Phy						1 🗆 Y	98 2□ No	3 Proba	bly 4 Unknow
sion of Vital Records, P.O. Bc tending Physician: The law requires that the death eeth. or: After this certificate has been signed by the atter the funeral director, pege 2 should be datached for the	Completed b						24a. Was ar	autopsy ned?	availe	e eutopsy findings able prior to bletion of ceuse eth?
	Col						10/10	s 2 🗆 No	154	es 2 No
f Vital Roysiclan: The I	Be	25. Wes cese referred to medice! exeminer?				26. Plece of Deeth	(Check only on	e)	-	
of \openstriangle	2	XX es 2 No		2 ☐ ER/Outpetie		4 Nursing mor			er (Specify)	
Division of Vita to the Hospital or Attending Physician: within 24 hours after deeth. To the Funeral Director; After this certific completely filled in by the funeral director,	Certification:	27. Manner of Deeth 1 □ Naturel 5 □ Pending 2 □ Accident Investigation	28a. Dete of injury (Month, Dey Yea found 3/29/9)		Woo	ryet rk? Yes ½ 1 ∑ No	Unknown	w injury occur	red	
or Art or Art Direct in by	Certific	3 ☐ Suicide	28e. Plece of Injury - I building, etc. (Sp Found: Reis	ecify)	reet, factory, office	2	28f. Location (St. City or Town Bayne		1 Oak Ro	
To the Hospital within 24 hours a To the Funeral completely filled	edical	29a. Certifier (Check only one)	sicien: To the best of my iner: On the basis of exen end manner stated.	knowledge, deat ninetion end/or In	h occurred at the tirvestigation, in my o	me, date end place, e ppinion, death occurre	end due to the ce	use(s) end me	enner es stet	ed. ne ceuse(s)
To the To the COMP	Me	29b, Signature and title of certifier	1.11		29c. Licens	se number	29	d. Date signe	d (Month, De	ıy, Year)
		> Mayorte	myhill	ver	0.C	.M.E.	M	ARCH 3	30,199	97

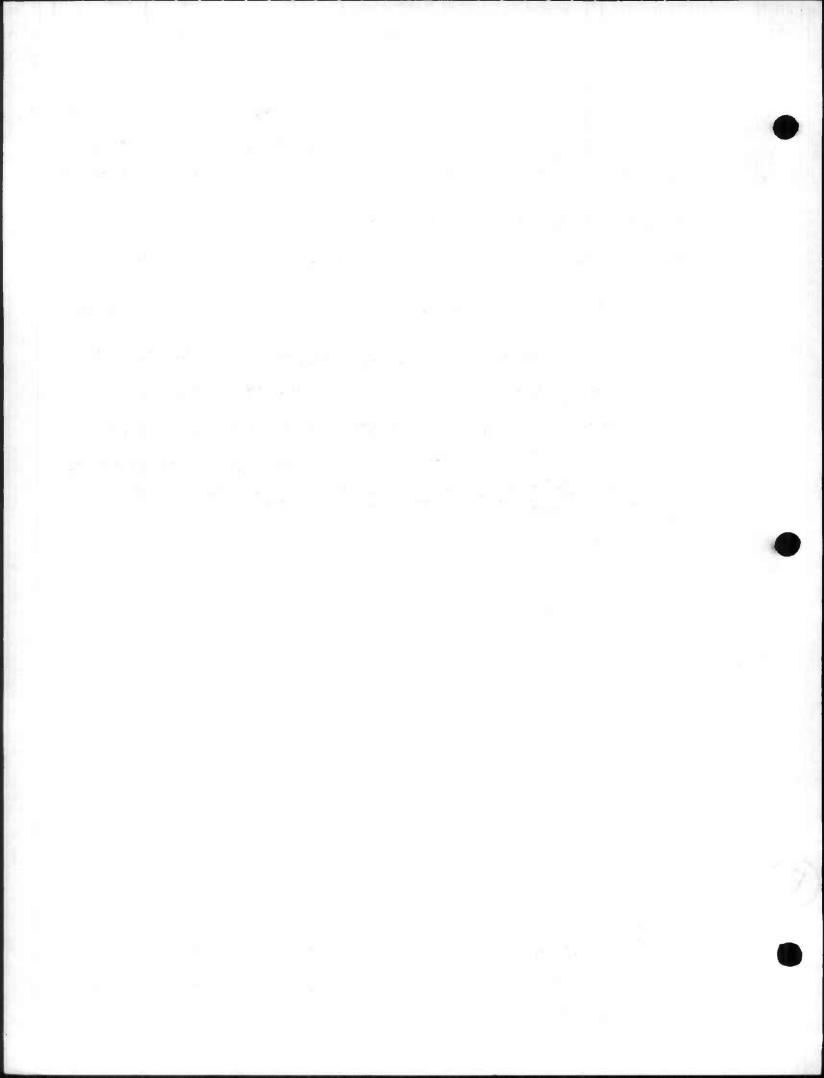
ss of person who completed cause of deeth (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

Registrar DHMH 16 Rev 6/95

State

31. Dete filed (Month, Day, Year) APR 0 3 1997



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

97 10030

				Cer	unicate of	Death		Reg. No.		
Physic /Med		1. Decadant's Nama (First, Middle, Last) J. Calvin Garland					2. Date of De Month March	31, 1	997	3. Time of Death
) Exam	iner -	4e. Fecility Nama (If not institution, give street and number) 8800 Walther Blvd, 2105 Be	elmont		2	4b. City, Town, or L Baltimor	e	Be	altim	
Funera Director		5. Social Security Number 6. Sax 7. As 1 X M 2 F F Usual Rasidence of Dacadant	ga (In yrs. las 82	Yrs.	If Undar 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, De April	9, 1914	9. Birthp Coun Mary	laca (State or Foreign ltv) Land
e Maryland ta-f show tried at	ctor	10a. Stata 10b. County Maryland Baltimore		Town or Lo Baltir					1	0d. insida City Limits 1 ☐ Yas 2 ☑ No
h with th	Funeral Director	10a. Street and Number 8800 Walther Blvd.			10f. Zip Code 2 1 2 3	34		10g. Citizan of	What Cour	itry?
be filed within 72 hours after death with the Manyland tial Hygiene. Identify than "natural", or Itema 23a or 28a-f show event, the Medical Examinar must be notified at	by Funer	11. Marital Status 1 Navar Married 2 Married 1 Navar Married 2 Married 1 Navar Married 2 Married 1 Navar Married 2 Navar Navar Orbetas:			Ves Decedant of F Yas, specify Cubi	lispanic Origin? (Sp an, Maxican, Puerto Specify:	ecify Yas or No Rican, etc.)	14. Rad Ble	ce - Americ ck, Whita, y: Wh	
A I A I S-0000 d within 72 hours af giene. ir than "natural", or	Completed	15. Decedant's Education (Spacify only highast grada completed) Elamantary/Secondary (0-12) Collega (1-4or secondary (0-12)		(Giva life. E		eation during most of work d)	ring	16b. Kind of B		
	To Be Co	8th grade 17. Fathar's Nama (First, Middle, Last) J. Calvin Garland		mete	r Reader	18. Mother's Nam	a (First, Middla, Rippard			ectric Co.
ges 1 and 2 should to f Health and Men If Item 27 Is marked or other traumatic.		19a. Informant's Name/Ralationship (Type, Print) Mrs. Daisy Garland (wife)			-	and Number or Rui Blvd., B	al Routa Numb		Stata, Zip	Coda)
Pa Pa		20a. Mathod of Disposition 1 X Burlal 2 □ Cramation 3 □ Ramovel from State 4 □ Donation 5 □ Othar (Specify)	cem	atary, cram	sition (Name of natory or other place)	ca) Cemetery	Data 4 / 2 / 9 7	20c. Location Baltime		wn, Stata Maryland
permit. Departments any inject.		21. Signatura of Foharal Sarvica Licansea		22	Nama and Address Chimunes 3705 Belo	ss of Facility 2 Funeral cir Rd.,	Homes, Baltimo	Inc.	2123	6
n certificate be axed, fed axed and and and and use as the burial-transit	In/Medical Examiner	Immedieta Causa (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated avents rasulting in death) Last	Dua to (or e	s a)consequ	uence of):	nien	٩			
that the death red by the atter	/ Physicia	Part II. Other significant conditions contributing to death be	ut not rasultii	ng In tha un	darlying causa giv	an In Part i.	23b. Did	M	100000000000000000000000000000000000000	the cause of death?
aw requiras 1s been sign 2 should be	Completed by						24a. Was perfo	an eutopsy med?	eva cor	ora autopsy findings ailabla prior to nplation of causa daath?
	Be Com	25. Was casa rafarred to medical				28. Pieca of Daat	1 Check only	, ,	10	Yas 2□ No
or Attending Physider death. Director: After this in by the funeral d	Certification: To B	examinar? 1	ry Year) 28	NOutpatient Bb. Tima of Injury	28c. Injur World M 1 🗆	ar: 4 □ Nursing Ho y et k? Yes 2 □ No	ma 5 Resid 28d. Dascribe I	danca 6 □Oth now injury occur Street and Numb	red	() I Routa Number,
To the Hospital within 24 hours a To the Funeral C completely filled	edicai Ce	29a. Cartifiar (Check only one) Medical Examiner: On the basis of and mannar ste	examination	dga, death end/or inva	occurred at tha tin astigation, in my o	ne, deta and place, pinion, death occurr	and dua to the	causa(s) and me	enner es st and due to	eted. tha causa(s)
To the within To the compl	Me	29b. Signatura and title of certifies	ZAS	BLE, M		050620		29d. Dete signe	d (Month, I	Day, Year)
3		30, Nema and address of person who completed cause of display and the second se	eath (Itam 23	3a) (Type, F	LY BLV.	D, PAR	KVILLE	MD	212	34
Sta Regist		31. Data filed (Month, Day, Yeár) 32. Registre APR 0 3 1997	fulia De	vidson	Andelle .					

State of Maryland / Department of Health and Mental Hygiene 9.7

1002

	Physici	an	ITEM#9 & 18 PER F.H. 4 1. Decedant's Nama (First, Middla, Last DENIS			EBIEW			2. Data of Deat Month	Dav	Yaer	3. Tima of Daath	
	/Medic				GOL	EDIEM			MARCH	28 19	97	6:15 A	
	Examin	ıer	4a. Facility Nema (If not institution, give	and the second second				4b. City, Town, or		4c. County o			
-			2334 FLEET S' 5. Social Security Number 6. So		e (In yrs. last bii	thday) If U	nder 1 Yaer	BALTIMO If Under 24 Hrs		N/A		(64-4 5	
	Funeral Director		212-42-8879 Usual Rasidence of Decadant	M 2□ F	E /.	Yrs. Mon		Hours Min.	8. Data of Birth (Month, Day, February	Year) 4,1943	Count Mary.	aca (State or Foreign by) MARY LAND Laand	
	yland		10a. State 10b. County		10c. City, Tow	n or Location					10	Od. Inside City Limits	
	h tha Maryland r 28a-f ehow	ctor	Maryland N/A		Balti	more						1 Yas 2□No	
	or 28	Director	10e. Street and Number			10f.	Zip Coda		10	Og. Citizan of Wi	hat Count	try?	
	ath with	ra	2334 Fleet Street				2123	•		U.S.A.			
250	s filed within 72 hours after death with the Manyland Arygiene. Or Arygiene. of thems 23s or 28s-1 show other than "natural", or frems 23s or 28s-1 show ent, the Manical Exertence must be notified at	by Funeral	11. Meritel Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedent I Armad Forces? 1 Yes 2 N If Yas, Giva Yaar or Datas:				lispanic Origin? (S an, Maxican, Puerl Specify:	pecify Yes or No- o Rican, atc.)	Specify:	- America , Whita, a ite		
200	72 hor	ted	15. Decedent's Ed	ucation	16a	Decedent's I	Isual Occup	ation	4.74	16b. Kind of Bus		ustry	
1	ithin 7 a. a Mad	Completed	(Specify only highast grade Elamantary/Secondary (0-12)	da completad) Collaga (1-4or 5	i+)	iifa. DO NO	work dona Tusa retired	during most of word)	rking	Interio	or Ho	ousing	
4	ed wi	S	12	N/A		Painte	r		Interior Housing Contractor				
	0 0 0 0	Be	17. Fathar's Nama (First, Middla, Last)	المامية الماما					18. Mothar's Name (First, Middla, Maiden Surnama)				
`	2 should be and Menta is marked raumatic ev	7	Walter J. Gol	Lebiewski	101	Admillion Andel							
	s 1 and 2 should f Haalth and Mer fem 27 is marks other traumatic		Anna M. Mauk	уре, Ртпі)		-			more, Ma				
5	of Haalth Item 27		20a. Method of Disposition		20b. Place o	Disposition (Nema of			20c. Location - C			
	permit. Pegas Department of H Important: If the any Injury or of once.		1 Burial 2 Cramation 3 4 Donation 5 Other (Specify			y, crematory			11 1 100	7 Polt	o Cit	y,Marylan	
	mit.		21. Signetura of Funeral Service Licens		dicci,	22. Name	and Addre	ss of Facility	nc. Fune	/ Dalu).CI	y, Mary Tari	
)	SEE S		Pate 1	In 1.	0- >	190	Ly & Z	celler, l	nc. Fune:	ral Home	9	2 01071	
		\neg	23a. Pert1. Enter the disease, or comp shock, or heart failure. List only of	lications that caused	the daath. Do	not anter the	mode of dyir	ng, such as cardiad	, Baltime or raspiratory arra	ist,		Approximata	
B	Physician		onosit, or maart tandro. Elst only t	ina ca que on escor in	MI.							Intarval Betwaen Onset end Death	
	/Medical Examiner		Immediate Ceusa (Final disease or condition	· Athero	sclerot	c Ca	rdio	rascular	Diseas	e			
	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>.</u>	rasulting in death)		Dua to (or es a						1		
	nsit ns	Medical Examiner		b		9							
	axecu n and lal-tra	Exal	Sequantially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Diseasa or Injury		Dua to (or as a	consequance	of):				İ		
	rificeta be axecuted ng physician and es tha burial-transit	cal	that initieted avants	c	Dua to (or as a	CORRECTIONS	of).				+		
3	E 00 0	ledi	resulting in death) Lest		Dua to (or as a t	onsequance	01).						
	th cer andin r use	an/N		d									
	death he ettar	Physician/	Part II. Other algnificant conditions co	ntributing to death bu	it not rasulting in	tha undarlyir	ng causa giv	an in Part I.	23b. Did to	becco usa cont	ribute to	the cause of deeth?	
	The law requiras that the death cer tta hes bean signed by the ettendir page 2 should be deteched for use	by Phy							1 🗆 Ye	e 2□ No	3 Prob	ably 4 Unknown	
	quiras n sign uld bu								24a. Was er	eutopsy		ra autopsy findings	
	s bea 2 sho	Completed							Limite	1	con	ileble prior to apletion of causa leeth?	
	Tha law ata hes page 2:	E							1 2 Ya			Yas 2□ No	
	diffice ctor.	Bec	25. Was case referred to medical					26. Placa of Daa	th (Check only one				
	5	To	exeminar? 1X Yas 2 No	Hospital:	nt 2□ER/Ou	tpatient 3	DOA Oth	ar: 4 Nursing H	oma 5X Rasida	nca 6 Other	(Specify)	
4	Ki)		27. Manner of Death 1 ☑Natural 5 ☐ Panding	28e. Data of Injur (Month, Day		Tima of njury	28c. Injur Wor	y at k?	28d. Dascribe ho	w injury occurre	d		
	2 6 6 .	cati	2 Accidant Invastigation 3 Suicide 6 Could not be			М	10	Yas 2□No					
	after d Direct d in by	Certification:	4 Homicida datarmined	28a. Place of Inju building, ato	iry - At home, fa :. (Specify)	rm, straat, fac	ctory, office		28f. Location (Str City or Town	reet and Number , Steta)	r or Rural	Routa Number,	
1	ours a		29a. Certifiar 1 Cartifying Phy	pololon. To the heart	f and leaves to a	de eth		an data ord t					
	To the Hospital or within 24 hours after To the Funeral Direcomplataly filled in b	edicai	(Check only one) 2 Medical Exam	reician: To the best of Inar: On the basis of and manner sta	 my knowledga examination an tad. 	, daarn occur d/or investige	tion, in my o	na, data and place pinion, death occu	, and dua to tha ca rred at tha time, da	use(s) and man ite and plece, er	nar as sta nd due to	tha causa(s)	
-	within To the	Me	29b. Signeture end titla of certifier	o mornior 3(d			29c. Licens	a nu <i>m</i> ber	29	d. Data signed	(Month, D	Dey, Year)	
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	,,	-	30. Nama and eddress of person who c	omplated cause of de	nath (Itam 23a)	1111							
	V 1						nn C	t	Dal+imo	ma Ma	1 -	- 1 2120:	
	1		Stephen S. R	adentz	MD	II Pe	11111 5	treet,	ратілію	re, ma	татс	and 21201	

State of Maryland / Department of Health and Mental Hygiene

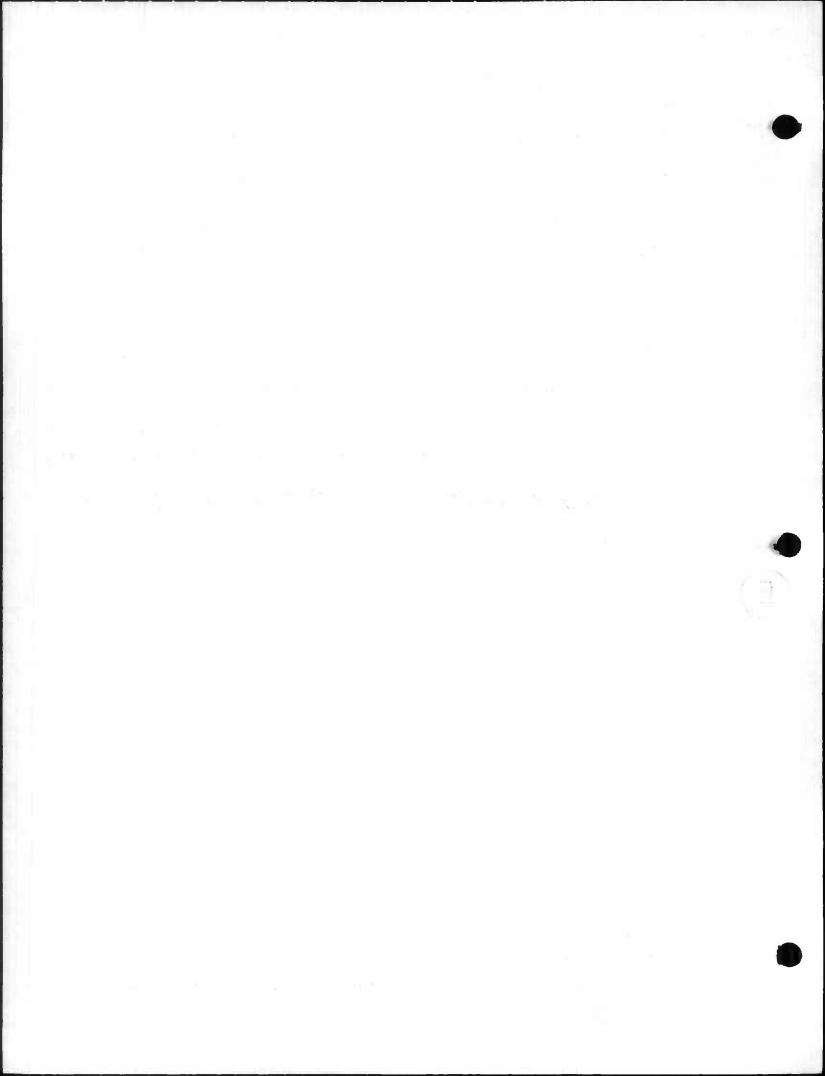
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ems .	23	nart	T	27	ner	MEO	G-746	4/22/07	reportificate of Doath	

		Items: 23 part I, 2 1. Decedent's Neme (First, Mid	_		16 4/22/	97 r @ e	rtificate	of Death			. No.	7/	1	103				
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/Medica							GRI	EENWALT	MARCH			997	1	0:37A				
Examine	er	4e. Fecility Neme (If not institution, give street and number)							or Location of Dea	ath	4c. County							
		2009 FLEET			ND FLO		B. H. L. A.	BALTI				CITY						
Funeral Director		5. Social Security Number 219-70-2310 Usuel Residence of Decedent	6. \$	ex. 7.	. Age (In yrs. I	gst birthdey 9 Yrs.	Months D			Sirth Day, Y	, 1957		plece (State) Ylan	ete or Foreig d				
and and	1	10e. State 10b. Coun	ty		10c. City	, Town or L	ocation					1	Od. Insid	de City Limits				
h the Maryland r 28a-1 show	0	MARYLAND CI	TY		BAI	TIMOR	F CITY							Yes 2□No				
the 28s	9	MARYLAND CTTY BALTIMORE CTTY 10e. Street end Number 10g. Citizen of Whet Cou										What Cour	atn/2					
th with 23a or ust be	2	2009 FLEET STE	REET				100 - 40 00	21231			U.S.A		, .					
	by Funeral Director	11. Marital Status 1 Never Married 2 Me 3 Widowed 4 Divorce	Armed Forc 1 🖾 Yes 2 If Yes, Give	1 Plyes 2 No - a ca			Wes Decedent of Hispenic Origin? (Specify Yes or the Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 □ Yes 2 ☒ No Specify:				No- 14. Raca - American Indien, Bleck, White, etc. Specify: WHITE							
72 hours	9	15. Decede	ucation		16e. Dece	dent's Usuel O	ccupetion	an alaba m	16b. Kind of Bus									
within ane.		(Specify only high Elementary/Secondery (0-12)	College (1-4	or 5+)		DO NOT use r	rorking											
d 21 filed will Hygiane ther than	~ .	12	DRY			Y WALL		SUBCO			ONTRACTOR							
aryland 2 should be filed v and Mantal Hygia marked other t umatic event, to		17. Fether's Name (First, Middle							eme (First, Midd		an Sumeme)							
arylan should be nd Mantal merked of	0	MELVIN WOODROW	GKE	ENWALT				PATRI	CIA ALIC	E	LOWERY	n, Stete, Zip Code)						
Maryland of 2 should be file th and Mantal Hy th's narked oth trsumetic event		19e. Informant's Neme/Relation	nship (7	ype, Print)		19b. Meil	ing Address (Si	treet end Number or	Rurel Route Num	ber, C	City or Town	Stete, Zip						
1 end 2 1 end 2 Health Sam 27 i		PATRICIA GREEN	IWAL	T		119	S. REGI	STER STRE	ET BALTI	MOT	RE, MA	RYLAN	VD 2	1231				
O F F P P P P P P P P P P P P P P P P P		20e. Method of Disposition 1 ☐ Buriei 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (ete GRE	20b. Pleca of Disposition (Neme of Dete 20c. Location - City of Company of Company of City of Company of City of Company of City of Ci							wn, Stet	te					
Baltim permit. Pa Depermen Important: any injury		21. Signature of Funeral Service	e Licen	Sole	. ske	* L	ILLY &	ddress of Fecility ZEILER, I TERN AVEN	NC. FUNE	RAL	HOME	D 010	221					
Physician / /Medical Examiner	Examiner	lmr dise res	23a. Pert1. Enter the disease, a shock, or heart feilure. List immediate Ceuse (Final disease or condition resulting in death)	ot only t	SEIZURE e.	DISORDE	R as e conse	quence of):					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Onset 6	I Between end Deeth			
600 be escured		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	ſ	b. — Due to (or es a consequence of):														
Set of the case	medical	that initieted events resulting in deeth) Lest	J	d	Due to (or	es e conse	quence of):											
0 2 2 1	L Clar	Pert II. Other significent condit	lons co	contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the								the car	use of death					
	Dy Frid								10	Yes	2□ No	3 ☐ Prof	bably	4 Unknow				
2 s b 8 6	nalaidiii								24e. We	s en e forme		eve	eileble pr	psy findings rior fo of cause				
- F # 6 (3								15	Yes	2 🗆 No	DE	Yes	2□ No				
f Vital I		25. Was case referred to medic examiner?	-						eath (Check only	one)								
<u> </u>	2	Moves 2□ No		Hospital: 1 ☐ Inp	atlent 2 E	7537												
Division o To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	il IIII calloii.	27. Manner of Death A Naturel 5 Pending 2 Accident investigation 3 Suicide 6 Could not be determined 2 Delta of Injury - At home, farm, stre building, etc. (Specify)						Injury et Work? 1 Yes 2 No	28d. Describe	(Stree	et and Numb		l Route	Number,				
To the Hospital within 24 hours a To the Funeral D completaly filled		29a. Certifier 1 Certify (Check only one) 2 Medica	ing Phy I Exam	rsician: To the be iner: On the basi end menne	s of examinati	ledge, deat	th occurred et the	ne time, date end pla my opinion, death oc	ce, and due to the	e ceus	se(s) end me end pleca,	enner as si	ated.	se(s)				
of the of		29b. Signeture end title of certifi	er				29c. Li	cense number		29d	. Date signe	d (Month.	Dey, Yei	ar)				
- 5 - 0		Dennis	A.	Chute	no		С	.C.M.E.			ARCH							

State Registrar 31. Dete filed (Month, Dey, Year) APR 0 3 1997

111 Penn Street, Baltimore, Maryland 21201

who completed cause of deeth (Item 23e) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

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					Certific	cate of	Death		Reg. No.	21	10000				
5 1		1. Decedent's Neme (First, Middla, L.	est)					2. Deta of De	eath	V	3. Time of Death				
Physician /Medical		RONALD GEORGE HAT	RRIS					April	2. 1997	Yeer 7	8:30 a.r				
Examiner	_	4e. Fecility Nema (If not institution, gi	ve street and number)				4b. City, Town, o	or Location of Deat	th 4c. Count	y of Death					
		2612 Claret Drive	2				Fallsto		Har	Sord					
Funeral Director		385-12-9285	Sex 7. Ag	na (in yrs. lest i O		Indar 1 Yaar hths Deys	If Undar 24 H Hours Mi		rth ey, Year) 1926	9. Birthple County Canada	ce (Stete or Foraign y) L				
*	-	Usual Residence of Decedent 10e. State 10b. County			100	d. Inside City Limits									
e-f sho	. 1	Maryland Harford	d	Falls	own or Location ton				1 ☐ Yas 2∕☐ No						
r from 23a or 28a-f s the must be notified Funeral Director	al Dire	10e. Street and Number 2612 Claret Drive		10g. Clitizan of Whet Country? U.S.A.											
by E.	2	11. Marital Status 1 □ Nevar Married 2 □ Married 3 □ Widowed 4 ☒ Divorced	12. Was Decedent Armed Forcas? 1 X Yes 2 If Yes, Give Yaar or Detes:	Ever in U,S. No 1945–46	U,S. 13. Was Decedent of If Yas, specify Cu			(Specify Yas or Ne erto Rican, etc.)		ce - American eck, White, at fy: White					
ted les	e e	15. Decedent's E (Specify only highest gr	ducation	16	Se. Decedent's	Usuel Occup	ation	undina	16b. Kind of E	Business/Indu	stry				
ygiene. Ner then "neturi it, tre Medical	E P	Elementery/Secondary (0-12) 12th grade	College (1-4or	5+)	iiie. DÖ N aborer		during most of w	rorking	Canam	ic Com	oanu				
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even Be	m		.,				Ester.		, Maluell Surrie	ma)					
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th and 7 is me traums		Allen Harris (So)						Rurai Route Numb Allston,		1, Steta, Zip C 1 0 4 7	,00 0)				
Heal ther	-	20e. Method of Disposition	<i>(1)</i>					Deta Deta	20c. Location		n State				
nent of Health ant: if item 27 i		1 XBurial 2 ☐ Cremetlon 3 [4 ☐ Donetion 5 ☐ Other (Speci			of Disposition tery, cremetor, m. at G			4/3/97	Owing						
Department Important: If any Injury o		21. Signature of Funegal Service Lice	0500		Schul	ne end Addre	ss of Facility Funeral	Home of oad, Bel	Bel Ai	r, INC.					
e attending physician end ad for use as the buriel-transit sician/Medical Examiner	Medicai Examiner	Medicai Examiner	Medical Examiner	disaese or condition resulting in deeth) Sequentielly list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest	. Si	Due to (or as Due to (or a) Du	a consequence	a	Sy	eiry	lusse	2 7	a ys.		
attendii 1 for use Ician/I	Clan	Daniii Otharaian Manta ann distana		ontributing to death but not resulting in the underlying cause given in Part i.						23b. Did tobacco uss contribute to the cause of death?					
d by the set sech		rentili. Other significant conditions (someoning to could but not recently in the underlying cause given in Fact.						Yes 2000	3 Probe					
s been s 2 should pieted												24a. Was	4a. Was an autopsy performed? 24b. Were autopsy available prior completion of death?		able prior to pletion of cause
pege Com	5							10	Yas 2KNo	10	Yes 2□ No				
certificate rector, peg		25. Wes case referred to medical					26. Place of D	eath (Check only	one)						
5 D		exeminer? 1 Tes 2 No	Hospitel: 1 Inpatie	nt 2 ER/C	2 ER/Outpatient 3		er: 4 Nursing	Home 5 Res	idence 6 DOt	her (Specify)					
or deeth. ctor: After th by the funeral ification:		27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28e. Dete of Inju (Month, Da	ry y Year) 28b	Time of Injury	28c. fnjur Wor 1 🗆		28d. Describe how Injury occurred							
200	Cermic	3 Suicide 6 Could not be determined 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify)						28f. Location (Street end Number or Rural Route Number, City or Town, Stete)							
within 24 hours efter To the Funeral Dir.		29e. Cartifier (Check only one) 1 Certifying Pl	nysician: To the best of niner: On the basis of end manner ste	exemination a	ge, deeth occu end/or investig	rred et the tin etion, In my o	ne, dete end ple pinion, deeth oc	ce, end due to the curred et the time,	ceuse(s) end m date end plece	anner es stat , end due to ti	ted. he cause(s)				
withir comp		29b. Signature and title of config	1.		1	29c. Licens	e number		29d. Date sign	ed (Mongh, De	ey, Yeer)				
Y\		No to the	9/1861	/	1	DIK	145	•	4/-10-						
107	1	30. Neme end eddress of person who	completed cause of	eath (Item 23a	(Divpe, Print)	UIV	170		1/2	17/	/				
l	1	Taling Ho	Chine	000	1114	101	1/1/2	11 Pin	fit 1						
State		31. Dete filed (Month, Dey, Year)	32. Registe	Signeture	24	· ue	cury	y cul							
1011	3	30. Name and address of person with	completed cause of	eath (Item 23a	UNO	29c. Licens D15	145	y Cut	4/2	9 / 9 /	7				

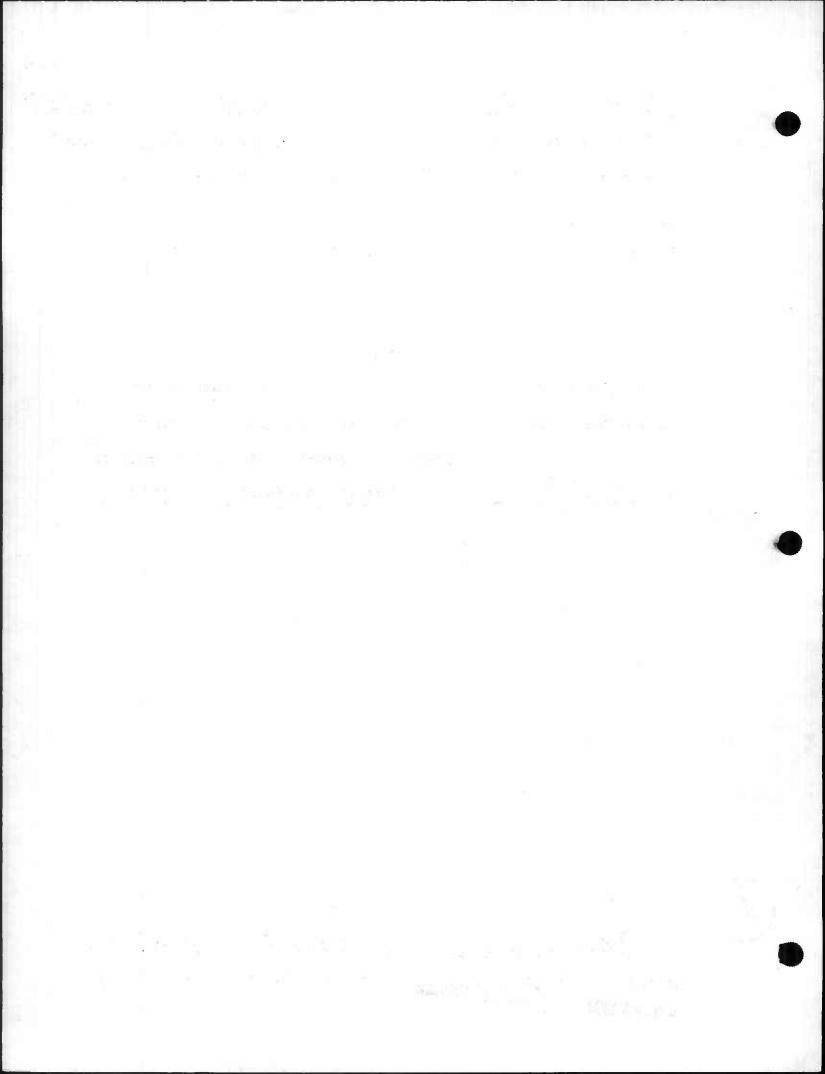
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State of Maryland / Department of Health and Mental Hygiene

10034 Certificate of Death 1. Deceded's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, of Location of Deeth **Examiner** Gilchrist Hospice Center OWSON 5. Social Security Number 6 Sex If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Funeral 9. Birthplace (State or Foreign 1 M 2 TF Deys Hours Country) Ohio 62 Yrs. Director 276-30-4474 Usual Residence of Decedent 10e Stete 10b County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Mexical Examiner must be notified at Director No 2 No N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3205 Taylor Avenue 21234 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, Bleck, White, etc. filed within 72 hours efter 1 Never Married 2 Merried 1 ☐ Yes \$ No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White S 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiane. Elementery/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filed with Department of Health and Mental Hygiane Important: If Item 27 is marked other that any injury or other traumatic event, in any injury or other traumatic event, in a pnee. Clerk Retail Grocery 12 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surneme) Be Donald Dykes Colburn Thelma Louise Buckley 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Maurice Himes - Son 3205 Taylor Ave., Baltimore, MD 21234 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 【Cremetion 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Green Mount Crematory 4-4-97 Baltimore, MD 22. Name end Address of Fecility Cremation and Funeral Alternatives e, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest.

MD 21286
Approximate
List only one cause on each line. **Physician** fmmediete Ceuse (Final diseese or condition resulting in deeth) /Medical (oncel 6 month Examiner Due to (or es e consequence of) Physician/Medical Examiner The law requires that the death certificete be executed Sequentietly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest physician and s the burial-tran Due to (or es e consequence of) P.O. Box 68760, Due to (or es e consequence of) 88 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 8 page 2 should 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? Completed 24a. Wes en eutopsy performed? certificata has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Wes cese referred to medical exeminer? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Nother (Specify) Hospital Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this by the funeral 27. Manper of Deeth Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Aftar t 1 Neturel 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No Vone 6 Could not be determined 3 Suicide Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 \(\text{Homicide} 8 edicai Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) and menner stated. 29a. Certifier 29b. Signeture end title of certifier 29c. License number State Registrar



State of Maryland / Department of Health and Mental Hydiene

State of Maryland / Department of Health and Mental Hygiene 10035 Certificate of Death ITEM: 17, per FH G-746 4-10-97 eoh 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** ADVIL Elsie Louise Hines 7:07 An /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Union Memorial Hospital N/A Baltimore City If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year)
Sept 17, 1 5. Social Security Number if Under 1 Year 7. Age (In yrs. lest birthday) 77 Yrs. 9. Birthpiace (Stete or Foreign Country) Maryland **Funeral** Deys 1 □ M 2X F Months Director 1919 220-07-4832 Usual Residence of Decedent with the Maryland 10a. State rai", or items 23a or 28a-f show Examiner must be notified at 10c, City, Town or Location 10d. Inside City Limits Maryland YE Yes 2 No Director Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A 21211 3011 Cresmont Avenue death 1 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Item any injury or other traumatic event, the Madical Evan 1 Never Merried 2 Married Specify: White Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: tf Yes, Give Year or Detes: p 3. Widowed 4 □ Divorced Be Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Etementary/Secondary (0-12) College (1-4or 5+) Life Like Products 6th Machine Operator 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumame) PETER F KOEHLER Elsie Miller Irvin Kohler 2 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Richard Hines (Son) 1313 Union Avenue, Baltimore, Md 21211 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☒ Burial 2 ☐ Cremetion 3 ☐ Removel from State Crest Lawn Gardens 4/4/97 Marriottsville, Md 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerei Service Licensee 22. Neme end Address of Fecility A. Alan Seitz, Jr. Funeral 23a. Pert 1. Enter the issesse, or complications that paused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, intervel Between Onset end Death. Physician /Medical Immediate Ceuse (Final minutes disease or condition resulting in deeth) **Examiner** Physician/Medical Examiner the bunal-trensit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest GI P.O. Box 68760 The lew requires that the death certificate Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 100 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. þ 24b. Were eutopsy findings evelteble prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy performed? certificate has 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes case reterred to medical exeminer? 26. Piece of Deeth (Check only one) Hospital: 1 Impatient 2 ☐ ER/Outpetient 3 ☐ DOA ۵ 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) s efter de... al Director: After... by the funeral di this 27. Menper of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how triury occurred 5 Pending Investigation 1 TYes 2 TNo 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, ferm, street, tectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 ☐ Homtcide To the Hospital of within 24 hours of To the Funeral Dicompletely filled in Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. Medicai 29a. Certifier 29b. Signeture end title of certifie 29c. License number ot person who completed cause of deeth (tem 23e) (Type, Print) Union memorial Hospital HOWARD, 32. Registrer's Signeture State wha Davidson Registrar

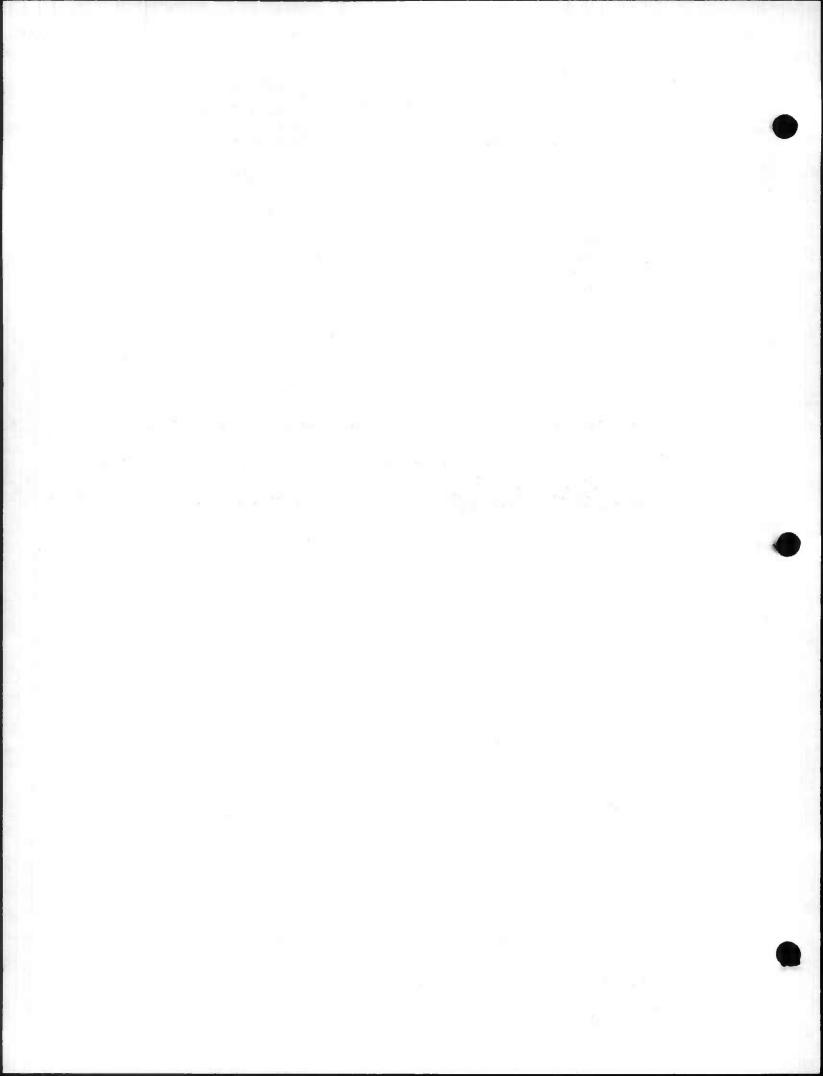
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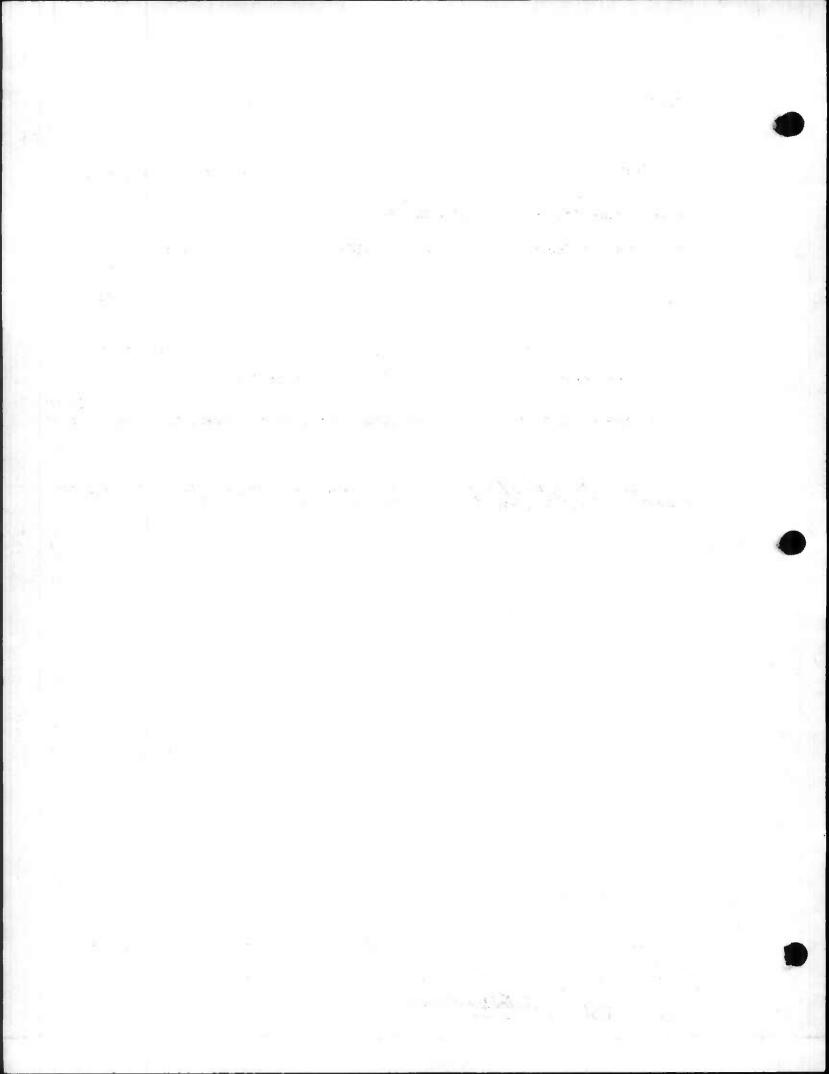
State of Maryland / Department of Health and Mental Hygiene

			ITEM: 10 G-746 per FH	4-25-97 eoh		Cei	rtificate	e of	Death			Reg. No.	21	10030	
Physic /Med		ian	Decedant's Nama (First, Middla, Last)			HOLDORF					2. Data of De Month MARCH	Day	Yaar 1997	3. Tima of Death	
	Exami		4a. Facility Nama (If not institution, give CHURCH HOME NURS	ING CENTER					BAL	TIMO		th 4c. Cou	nty of Death		
8	Funeral Director		5. Social Sacurity Number 6. S Z 1 Z - O / - 8 + C 1 Usual Rasidance of Decedant	ax 7. Aga	(fn yrs. last bi	irthday) Yrs.	If Undar Months	1 Yaar Days	If Undar Hours	24 Hrs. Min.	8. Data of Bir (Month, De JULY 1	rth ey, <i>Year</i>) , 1911	9. Birth Cou Mar	placa (State or Foraign ntry) YLand	
15-0020 72 hours after death with the Maryland "natural", or ferms 28s or 28s-4 show added Exactions Inset for neitings at	the Maryland 28a-f ehow	Director	10a. Stata 10b. County MARYLAND CITY 10e. Street and Number EATON		c. City, Town or Location BALTIMORE 10f. Zip Coda					10g. Citizan of Whal			10d. Insida City Limits 1 🛱 Yas 2 🗆 No		
	3a or	D	712 SOUTH EAST AV	'FNIIF		21224							I.S.A.	ntry?	
	ours after death	by Funeral	11. Marital Status 1 Navar Married 2 Navar Marriad 3 Widowed 4 Divorced	12. Was Decedant Ev Armed Forcas? 1 ☐ Yas A No If Yas, Giva Yaar or Datas:				lispanic Ori an, Maxicar	c Origin? (Specify Yas or No- xican, Puarto Rican, atc.)		o- 14. Raca - Am Black, Whi				
21215-0020	C 40	Completed	15. Decedant's Education (Specify only highast grada complated) Elemantary/Secondery (0-12) College (1			(Giva k life. D		dant's Usual Occupation kind of work dona during most of wor DO NOT usa ratired)			King		f Businass/Ir	Businass/Industry	
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Many	and and		19a. Informant's Name/Reletionship (7		1						a/ Routa Numb			o Coda)	
Baltimore, N	1 and 2 Health em 27 I		Helen Holdorf/Wife 20a. Mathod of Disposition		7 1 20b. Placa o				treet	, Bal	timore.		and 2 on - City or T	1224	
	it. Pages rtment of rtant: If it njury or o		1 Denial 2 Cramation 3 4 Donation 5 Other (Specify 21. Signatura of Funaral Segvica Lican)	camate	ery, cran d He	natory or other	har pla	,		4/1/97				
Ba	Depa impo eny ii) I distribution of the control of t	10	1						700 8	Caubl	lina C	t./21224	
	Physician /Medical Examiner		23a. Part1. Entar tha disaasa, or com shock, or haart failure. List only of Immediate Causa (Final disaasa or condition	olications that caused thona cause on each line.		not ant	ar tha mode	of dyli	ng, such as	cardiac			Jorry S.	Approximata Intarval Batween Onset end Deeth	
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	icate be executed physician and s the buriel-transit	Examiner	Sequantially list conditions, if eny, leading to immediate ceuse. Enter Undarlying Causa. [Olsease or Injury	ua to (or as a	to (or as a consaquance of):										
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s, P.O	res thet the death igned by the etter be detached for	Completed by									1 Yes 2 70 3 Probably 4 U				
Records	aw requii is been s 2 should		Decubitus	16							rformad? available prior t		empletion of causa		
	The ate h page										10	Yes 2 N	1	□ Yas 20 No	
Vital	Physician: The this certificate ral director, pag	o Be	25. Was cesa refarred to medical axaminar?	Hospital:				. Oth			h (Check only				
Division of To the Hospital or Attending Phys within 24 hours after death. To the Funeral Diversor: After this commissivitiled in by the funeral planta.	After fune	 	27. Manner of Death 1 Naturel 5 Panding 2 Accidant investigation	28a. Data of Injury (Month, Day)	28b.	28b. Tima of 28c. Injury at					ome 5 Rasidance 6 Other (Specify) 28d. Dascribe how injury occurred			fy)	
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_	4			complated ceuse of dea	th (Item 23a)	(Туре,	Print) B72	201	DWA	y, :	BALTIN	YORE,	MD 2	1231	
	Sta Registi		APR 03 1997	32. Registrars	s Signatura — Aanda	2									

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						(Cert	iticate of	Death		ı	Reg. No.			
Phys /Me	ician dical	1. Decedent's Name (I	First, Middle, La JENNI								2. Date of Dec Month MARCH		1997	3. Time o	ot Death
	niner	4a. Facility Name (If no ITARBOR HO	ot institution, giv ISPITAL C	e street end n	umber) 3001 S	HAMOVE	r Si	TREET	4b. City, Too BAL		cation of Death		y of Deeth	ORE.	Cite
Funer Direct		5. Social Security Num 215-09-561 Usual Residence of De	.0 1	Sex □M 2⊠XF	7. Age (Ir 80	n yrs. last birth Yı	July	If Under 1 Year Months Days	If Under: Hours	Min.	8. Date of Birt (Month, De) July 6	, Yeer) , 1916	9. Birthp Cour Mary]	elece (Stete etry) and	or Foreign
Maryland -f show	tor		Ob. County	nde1		c. City, Town							1	0d. Inside 0	Dity Limits
th with the 23a or 28a	al Director	10e. Street and Number 358 Gatew		urt			,	10f. Zip Code 21060				10g. Citizen ot U.S.A		ntry?	
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygiene. Important: If Item 27 is marked other than "neturel", or Items 23a or 28a-f show any Injury or other traumatic event, the Medical Examinar mant be notified at	by Funeral	11. Marital Status 1 □ Never Married 3 ☒ Widowed 4 □		12. Wes Dec Armed F 1 Yes It Yes, G Yeer or I	orces? 2 🔼 No live	r in U,S.	If Y	as Decedent of H res, specify Cuba	lispanic Orig an, Mexican Specify:	gin? (Spe , Puerto F	cify Yes or No- Ricen, etc.)		ce - Americ ock, White, by: Wh	etc.	
Baltimore, Maryland 21215-0020 amit. Pages I and 2 should be filed within 72 hours aft perarment of Health and Mental Hygiene. mortant: if Nem 27 is marked other than "neturel; or my Injury or other traumatic event, in Medical Exami	Completed	(Specify of Elementary/Secondary 12	. Decadent's Econly highest gre	ide com <i>pleted,</i>) (1-4or 5+)	(Give kir life. DO	nt's Usuel Occup nd of work done NOT use retired alyst	du <i>ring</i> most	of workir	ng	16b. Kind of I	Business/In		
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and 2 sho ealth and 1 ma 27 is me her traume		19a. Informent's Name Michael Sea	ars, Sr	r/Brother 108 Palm Bay Bouleva											
Limore Pages 1 Iment of H Lant: If Iter jury or oth		20a. Method of Disposi 1 ☐ Burlal 2 ☐ C 4 ☒ Donation 5 ☐	remation 3 Other (Specif)	v)		Ob. Place of Discompletery,	Dispositi cremei	ion (Neme of tory or other pled	œ)		Date	20c. Location	- City or To	wn, State	
Departing Departing Important In	SUCE	social	pb/B	an San	nl	4	St Ba	Name end Addre tate Ana altimore	tomy Mar	Boar ylan	d 21201		timor	e Str	eet
Physicia /Medica	-	23a Pain . Enter the d shock, or heart fa												Approxima Interval Be Onset end	Death
Examine	r	disease or condition resulting in death)					OBSTRUCTIVE AIRWAY DISEASE, (or as e consequence of): CANCER								1CS,
O, seasouted an and stal-transit	Examiner	Sequentially list conditi if eny, leading to imme cause. Enter Underlyin Cause (Disease or Inju	ions, diete	b.[77(27		CAR (ER									
OX 58/50, h certificate be execut anding physician and use as the bural-tran	an/Medical	Cause (Disease or Inju that initieted events resulting in death) Last	to (or es e cor	nseque	nce of):										
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The The page	Be Com	25. Was case referred to medical exeminer?								of Death	1 □ Y		10	Yes 2	HN6
hysic his c	2	1 ☐ Yes 2 ☑ No		Hospital:	Inpatient	2 ☐ ER/Outpo	etient	3□ DOA Oth	er: 4□ Nur	sing Hom	e 5□Resid	enca 6 □Ot	ner (Specif)	<i>'</i>)	
OIVISION OI or Attending Physeler death. Director: After this d in by the funeral di	Certification:	27. Manner of Deeth 1 Shaturel 5 Pending (Month, Dey Year) 2 Accident investigation 3 Suicide 6 Could not be									ng Home 5 ☐ Residenca 6 ☐ Other (Specify) 28d. Describe how injury occurred				
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UVISION OF VICA To the Hospital or Attending Physician: within 24 hours efter death. To the Funeral Director: After this certific, completely filled in by the funeral director,	Medicai											time, dete end plece, end due to the ceuse(s) 29d. Date signed (Month, Dey, Year)			3)
5.¥ 5.8	-	Definition Therey M AS 244161436 MARCH 24 1										1997	4		
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S Regis	tate trar	31. Date tiled (Month, D	1997	guhard	to last	spariate se	٩.,								



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death **Physician** Month Benjamin 1050n /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of D Examiner 5. Sociei Security Numbar ace (State or Foreign 7. Age (In yrs. last birthday) 8. Data of Birth **Funeral** 1 M 2 F 21542-265 Director Usual Residence of Dacedent 10e, Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Maryland 10e. Street and Number Director 10XYes 2□No more 10f. Zip Code 10g. Citizan of What Country? 1632 amon Funeral 12. Was Dacedant Ever in U,S. Armed Forces? 1. XYes 2 No If Yes, Give Year or Detes: W Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) Rece - Amarican Indien, Bieck, White, etc. 11. Meritai Status 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify þ 3 ☐ Widowed 4 ☐ Divorced TRO American Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Peges 1 end 2 should be filed v Department of Health end Mentel Hygis Important: If New 27 le marked other 1 t7. Fethar'e Name (First, Middia, Last) 18 Mother's Neme (First, Middle, Meiden Sumama) Be nnson eniamin 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) amor Md. 21216 110 20b. Place of Disposition (Name of semetery, cramatory or other place 20e. Method of Disposition 20c. Location - City or Town, Steta 1 Buriel 2 Cremetion 3 Ramoval from Stete 4 □ Donetion 5 □ Other (Specify) Tar tores 22. Neme end Address of Fa 21. Signature of Funeral Service Ludensee Joseph Aue W. Nor Md. 21216 o, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. Approximate interval Between Onset and Deeth **Physician** /Medical Immedieta Cause (Finel diseese or condition resulting in death) Examiner Physician/Medical Examiner for Attending Physicien: The lew requires that the death certificate be executed efter death. Director: Atter this certificate hes been signed by the ettending physicien and Sequentielly list conditions, if eny, leeding to immediate causa. Entar Undarlying Ceuse (Diseese or Injury that initieted events resulting in daeth) Last ettending physicien end for use es the burief-tran Dua to (or as e consequence of): P.O. Box 68760, the Due to (or as a consequence of): the the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detech 3 Probably 4 Unknown 1 | Yee 2 | €N6 þ Completed 24a. Wes en eutopsy performed? 24b. Were eutopsy findings available prior to completion of cause of deeth? page 2 1 ☐ Yes 20 No Be 25. Wes case raferred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 15 Residence 6 Other (Specify) 2 1 No 1 Yes Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA filled in by the funeral 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Naturel 1 Yas 2 🗆 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homleide

ti Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end dua to tha causa(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete and plece, and dua to tha cause(s) and manner stated.

cause of deeth (Itam 23a) (Type, Print)

Registrer's Signeture

lia Davidson

29c. License number

29d. Dete signed (Month, Day, Year)

Division of Vital Records,

State Registrar

edica

29e. Certifier

31. Date filed

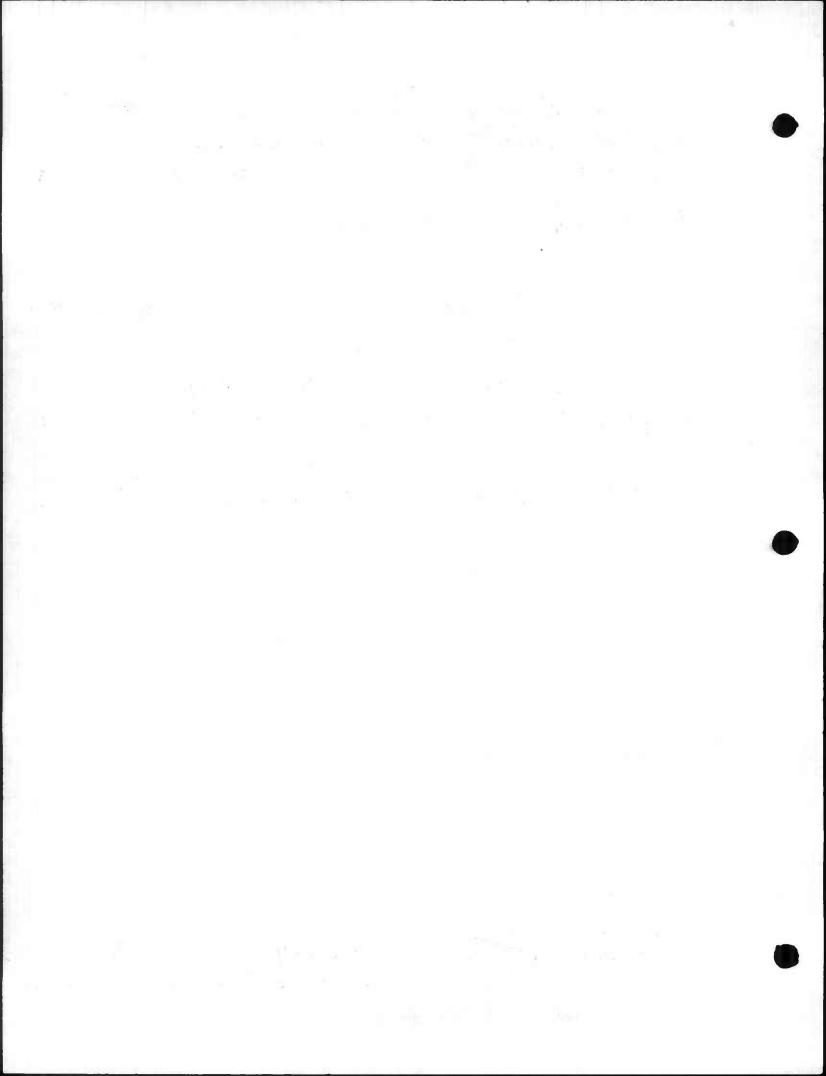
29b. Signeture and title of certifier

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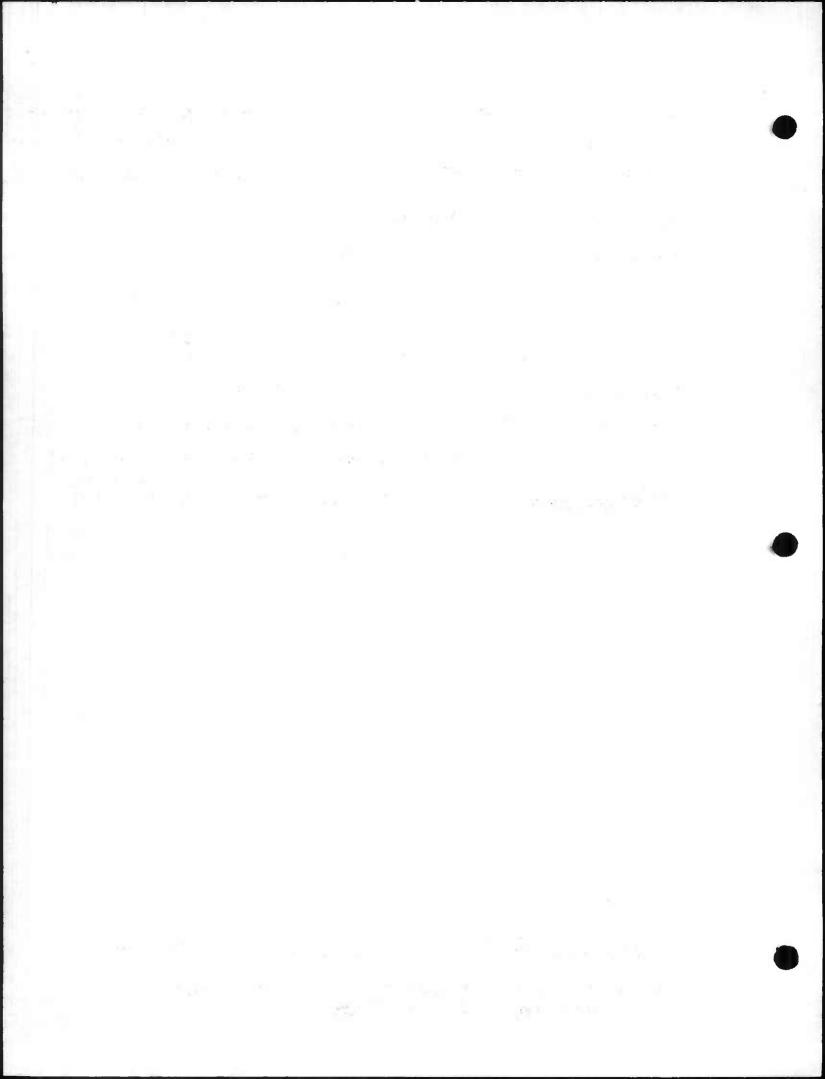
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State of Maryland / Department of Health and Mental Hygiene

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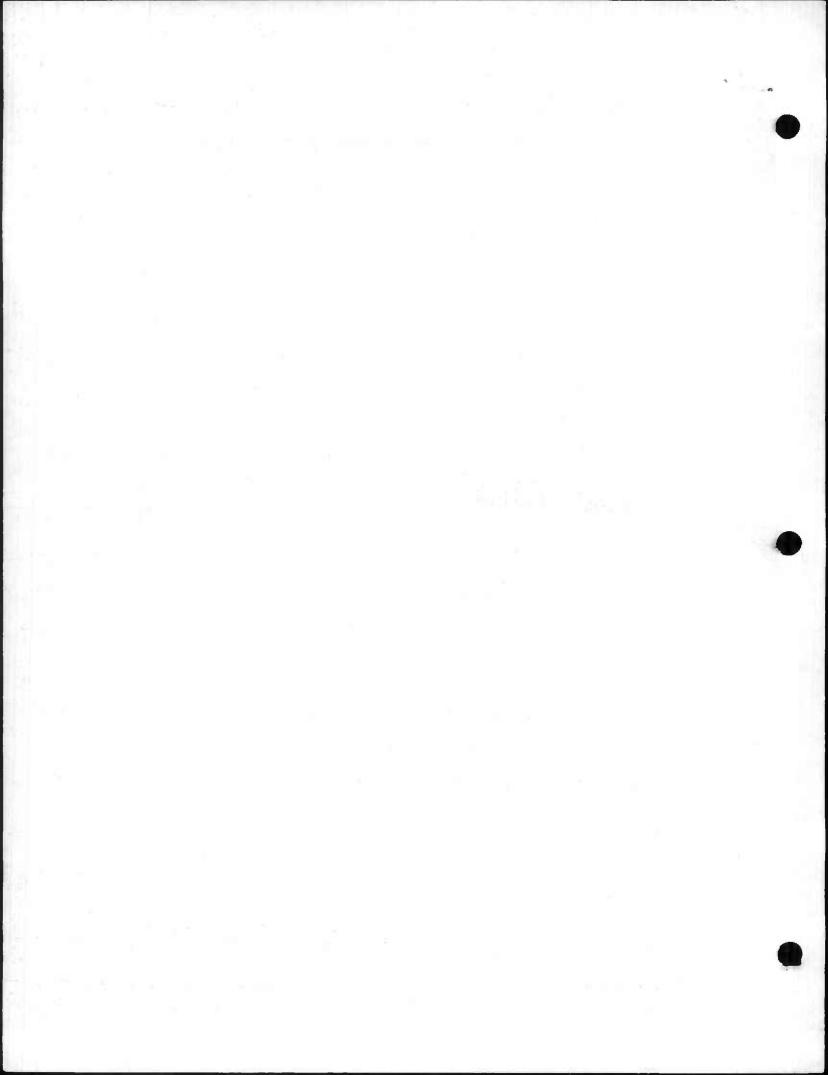
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Dhuo	laian	1. Decedent's Neme (First, Mi	ddle, Last)								2. Date of D		Эву	Yeer	3. Time of Death
	ician dical	MARY			косн						March	30			5:44 a.m
	niner	4a. Facility Name (If not institu	tion, give st	reet end nu					4b. City, To	own, or L	ocation of Dec			y of Death	
		Stella Maris							Tows	on		E	Balti	more	
Funer	al	5. Social Security Number	6. Sex		7. Age (/i	n yrs. last birthday		der 1 Year		24 Hrs.	8. Dete of E (Month, I				lace (Stete or Foreign
Direct		216-30-8416	10	M 24/F		62 Yrs.	Monti	ns Days	Hours	Min.	May 10) Yes	934	Mary.	and
70		Usual Residence of Decedent									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			/	
ylan		10a. State 10b. Cou	,		10	Oc. City, Town or I	ocation							1	0d. Inside City Limits
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with the Merylan a or 28a-f show be notified at	<u>ē</u>	10e. Street and Number	_			-	10f.	Zip Code				10g. 0	Oltizen of	What Coun	itry?
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or he	Ē	1 Never Married 2 N	erried	Armed Fo	200No					n, Puerto	Rican, etc.)			ck, White,	
Maryland 21215-0020 to 2 should be filed within 72 hours of this and Mental Hygiene. The marked other than "natural", or traumatic event, in Medical Exercitivation	by	3 XWidowed 4 □ Divore	ed	If Yes, Giv Year or D	/0		1 🗆 Yes	2/3/No	Specify	:			Specia	y.White	е
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2 should be and Menta is marked is marked	-	19e. Informent's Name/Relation		e, Print)		19b. Mei	lina Addr	ess (Stree	t end Numb	nd Number or Rural Route Number, City or Town, Stete, Zip Code)					
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Te, N 1 and 2 Health em 27 I		20a. Method of Disposition	Verne of or other ple		LUL	Dington, MD 21009 Date 20c. Location - City or Town, State									
nt of in the in		1 Burlel 2 □ Crematic	or other ple	ece)		4/2/97)		*	aryland					
Baltimore, semit. Pages 1 er Separtment of Hea mportant: If item; my injury or other		4 Donation 5 Other)aklawn (
Baltimore, M permit. Pages 1 end 2 Department of Health i Important: If item 27 is any injury or other tra	900	21. Signature of Funerel Servi	ca Licensee	/					ess of Facil	Da	vid J.				
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Physicia															Onset and Death
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Should should	Completed										per	formed?	, , ,	COL	eilable prior to mpletion of cause
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On O ding P h. After ti funera	Ë	27. Menner of Death 1 MoNetural 5 ☐ Pen	dina	28a. Date of	of Injury th, Dey Ye	28b. Time lnjury	of	28c. Inju	ry at ork?		28d. Describe	how In	jury occu	rred	
Vision Attending of deeth. ector: After by the fune	Certification:	2 Accident inve		Yes 2□	No										
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Division of Vital Re To the Hospital or Attending Physician: The I within 24 hours after deeth. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical	29a. Certifier Certif	ed et the ti	me, date ar	d place,	and due to th	e cause	(s) and m	enner es st	ated.					
To the Ho within 24 To the Fu complete										d et the time, date and place, and due to n, in my opinion, deeth occurred at the tir			na piaca,	and due to	the cause(s)
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		Kerdall Problems D								025643 3/31/97					
1		30. Name and address of person	on who com	pleted caus	e of death	(Item 23a) (Type	. Print)						/	. /	
\		DR. KENDALL				DULANEY		E237 D	D	01100	NT NO	1100	,		
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State of Maryland / Department of Health and Mental Hygiene

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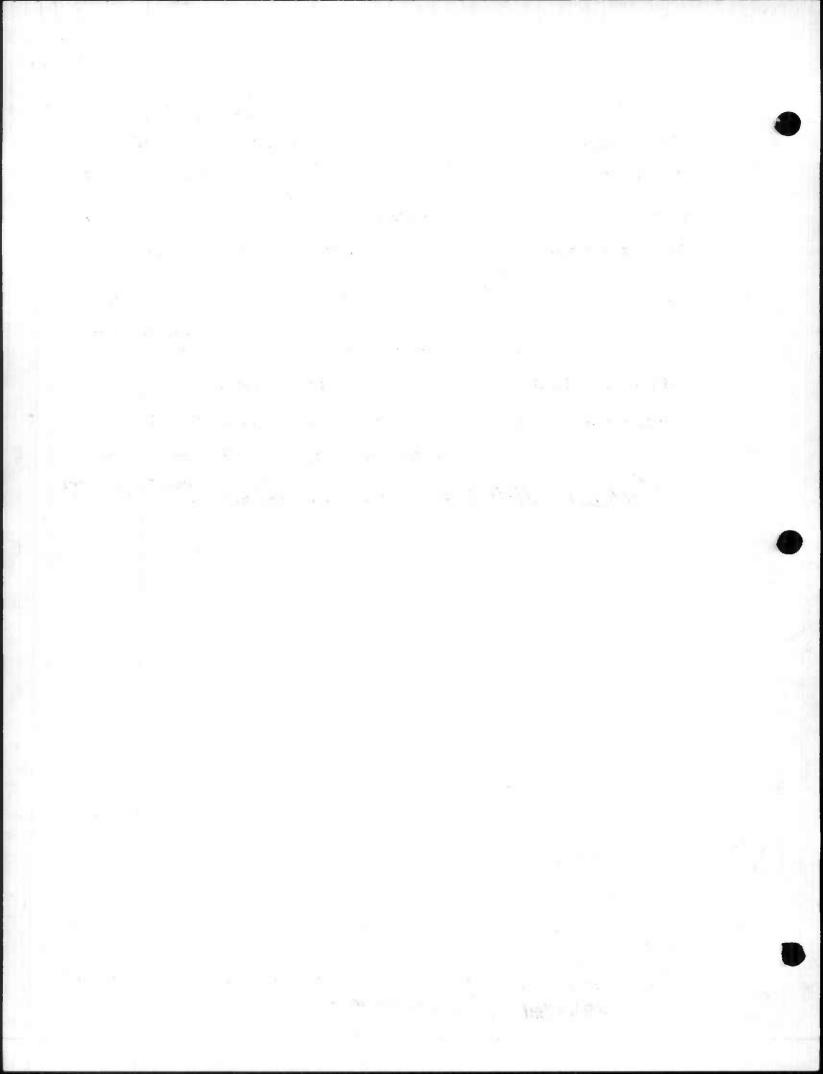
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		Usuel Residence of Decedent						1/20/	1 7 2		IOIA	nu	
M W		10a. Stete 10b. County	1	Oc. City, Tow	n or Loca	ation					10	0d. Inside City Limits	
r 28a-f show a noutred at irector	5 1	Maryland N/A		Bal	timo	re						TY Yes 2 □ No	
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by F		1 Never Married 2 Married	1 Yes 2 No		1[Yes 20 No	Specify:			Specify	ocity: White		
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qu		Elementery/Secondery (0-12)	College (1-4or 5+)		life. Do	O NOT use retire	d)						
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retto	1	20e. Method of Disposition		20b. Pleca o	f Disposi	tion (Neme of	og)	Date	20c.	Location -	City or To	wn, State	
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M			d		-						1		
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ü	2	27. Manner of Deeth 28e. Date of Injury 28b. Time of 28c. Injury et 28d. Describe							how in	jury occur	red		
atlon	2 Accident investigation M 1 Yes 2 No												
tifle	3 Suicide 3 Suicide 4 Homlcide 4 Be. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 286. Location (Stree City or Town, S										per or Rure	Route Number,	
9			building, etc. (ореспу)				Ony or 1	J 1711, O10	,			
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edicai	(Check only one) 2 Medical Examinar: On the basis of examinetion end/or Investigation, in my opinion, death occurred et the time, date end menner stated.						me, date and place, end due to the cause(s)			the cause(s)			
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State of Maryland / Department of Health and Mental Hygiene

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lrec	106	e. Street and Number						10f. Zip (Coda				10g. Citi	izen of W	hat Count	ry?	
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To Be	I	Anthony J.	Lapin	ski						Mary	Kras	inski					
-		a. Informant's Name/Re	lationship	(Type, Print)		1	19b. Mailin	g Addrass	(Streat	end Numbe	er or Rure	i Routa Num	ber, City o	r Town, S	Stata, Zip (Coda)	
	M	Margaret Wil		3904	Foste	er A	ve. E	alti	more,	Routa Number, City or Town, Stata, Zip Coda) MOre, MD 21224							
To Be Completed by Funeral Director	20a	. Mathod of Disposition			20b. Piace	e of Dispos	sition (Name	e of	(e)		Data	20c. Lo	ocation - C	City or Tow	m, Stete		
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ġ	21.	Signature of Funaral S	ervice Lice	ensee / /	,		22.	. Name end	Addres	ss of Fecilit	y Dar	T E	Maha	as Ehan	1	TT	
ouce		9 Mhl	IN D	1101	1111	1	- 40	01 C	Che	eter			MD 21224 20c Location - City or Town, State Baltimore, MD Weber Funeral Homes more, MD 21231				
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GERTRU	DEM.	_ E	. 0 1	17				MAR		31	97	8	:45	A
4a. Facility Name (If not institution, giv NORTHwEST H			CE ~	ってにな	1			cation of Dec	-		of Death	m	OR	E
	Sex 7. A 1□ M 2√2 F	nge (In yrs. 92	last birtho	Month	der 1 Year ns Days	If Under 2 Hours	24 Hrs. Min.	8. Date of B	irth Day, Year 190	34		place (S ntry)	itete or F	oreig
Usual Residenca of Decedent 10a. State 10b. County		10c. Ci	ity, Town o	or Location	-							10d. Inside City L		
MARYLAND BALT	IMORE			BA	ALTIMO	ORE					1 ☐ Yes 2			
10e. Street and Number					Zip Code				itizen of What Country?					
15 TENT MILL LA.	,APT. E				2	L208		Tog. Ottizon of						
11. Marital Status	12. Was Deceden	t Ever in U	J,S.	13. Was De	cedent of H	lispanic Orig	gin? (Spi	ecify Yes or N	10-	14. Rac	e - Ameri	can Ind	an,	
1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces 1 Yes 2 If Yes, Give Year or Dates	□ Yes 2 No Specify:						uerto Rican, etc.) 14. Hace Black Specify:				etc. ITE		
15. Decedent's Ed (Specify only highest gra			16a. D	ecedent's U	sual Occup	ation during most	of work	ina	16b. F	(ind of B	usiness/In	dustry		
Elementary/Secondary (0-12)	College (1-4or	5+)	- `fi	fe. DO NO	Tuse retired	d)			P	CCOL	JNTIN	G		
17. Father's Name (First, Middle, Last))					18. Mother	r's Name	(First, Middl	e, Maidei	Sumen	10)			
ABRAHAM			MOSS	STIVC		FA	NNIE	E		GC	DLDMA	N		
19a. Informant's Name/Relationship (Type, Print)		19b. N	failing Addr	ess (Street	and Numbe	r or Rura	al Route Num	ber, City	or Town,	Stete, Zij	Code)		
DR. FREDERICK LE	VIN (SON)		470	OS CLU	JB RD.	. LIT	TLE	ROCK,	AR	722	207			
20a. Method of Disposition 1 XBurial 2 ☐ Cremation 3 ☐	Removal from Stete	9 (cem etery,	of Disposition (Name of stery, crematory or other place)					20c. L		City or To		ate	
4 Donation 5 Other (Specification of Funeral Service Licentary)	Jen	no.		22. Name SOL 8900	and Addre	STERST	BROWN	1/97 DS., IN RD., In respiratory	NC.		MORE,	ID 2	ximate	
4 Donation 5 Other (Specification) 21. Signature of Funeral Service Licental Service Licent	plications that dause one cause on each	on (E S) Due to (c) Due to (c)	th. Do not	22. Name SOL 8900 enter the m	and Addre LEVI D. REIS Ode of dyin H. E. Off):	NSON & STERST	BROWN cardiac o	DS., In RD., I	NC. PIKES arrest,	SVILI		Approinterv Onset		en ith
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23a 11. Em. r the disease, or com, shock, or heart failure. List only immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, f any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Last	plications that cause one cause on each a	ad the deat line. The second of the second	or as a cor	22. Name SOL 8900 enter the m	and Addre LEVI REIS node of dyir HE off:	NSON & STERST g, such es c	BRO OWN cardiac o	23b. Dice 10 24a. Wa per	NC. PIKES arrest, OR 1 d tobacco Yes 2 s en autoformed?	SVILI	ntribute to 3 Pro	Appropriate Approp	A Survey find or for to	leat knows
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To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Division of Vital Records, P.O. Box 68760,

Physici /Medic **Examin**

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural; or items 23a or 28a-f show any injury or other traumatic event, it is Medical Examinal main by notified at

Physician /Medical ∟"xaminer

Baltimore, Maryland 21215-0020

1 Certifying Phyaician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) end menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Yeer)

043462 1 . S. RAO. M.O

MARCH 1997 31

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) 1<.5. RAO MI-O.

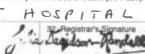
NORTH WRST HOSPITAL CENTER RANDALCSTOWN. MD.

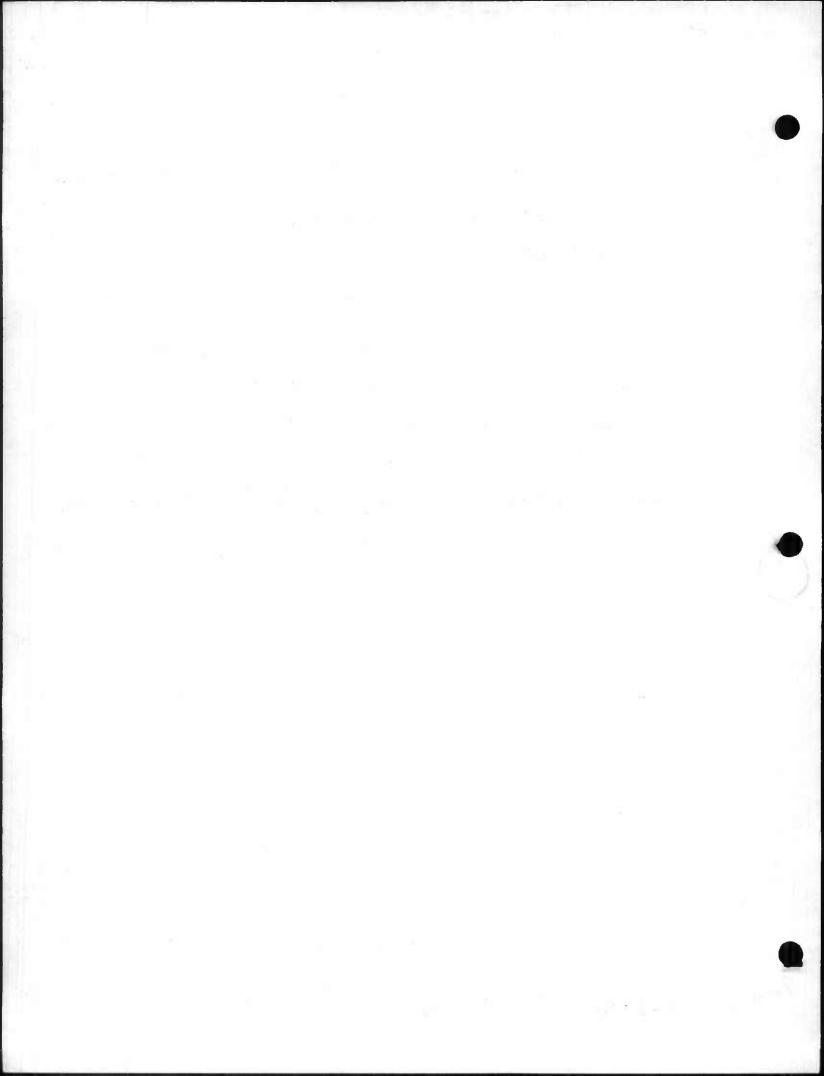
NORTH WEST

31. Pate tiled (Menth, Pay, Year)

APR 0 3 1997

State Registrar



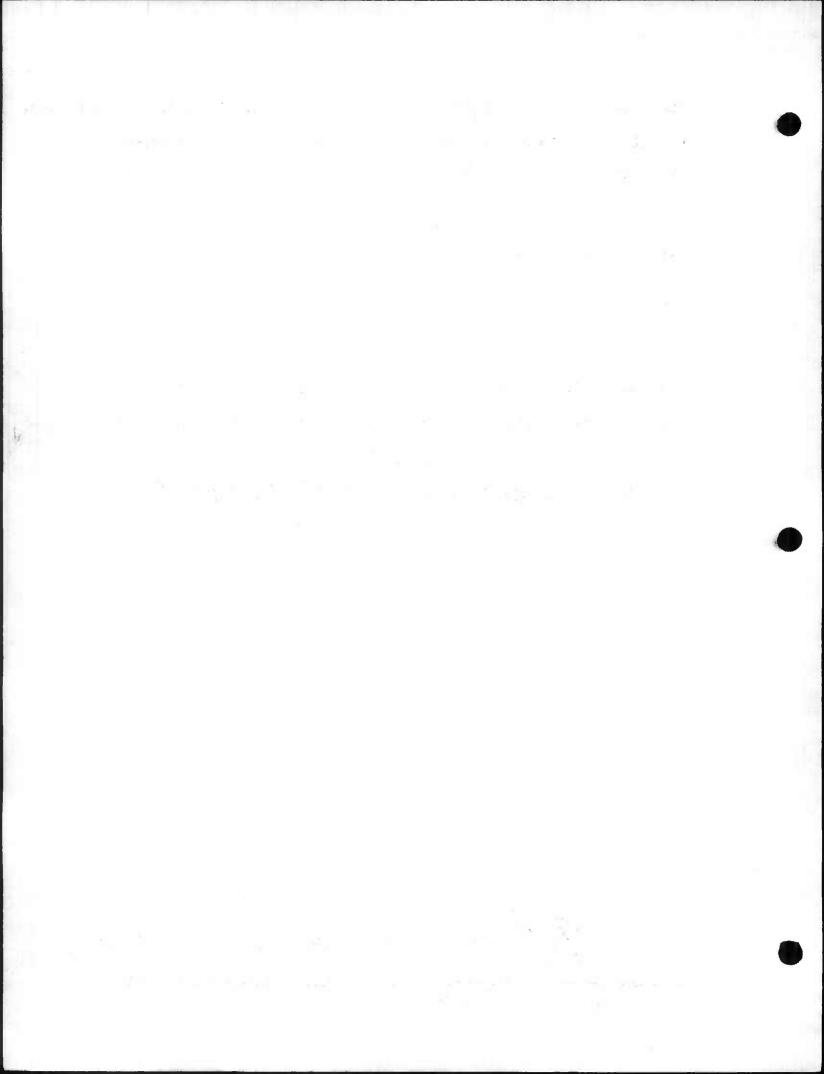


State of Maryland / Department of Health and Mental Hygiene 10043 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Year March 30,1997 11:00 a.m. Madeline LANGREHR /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Franklin Square Hospital Center Rosedale Baltimore 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day, 9. Birthplece (Stete or Foreign Country) MARYLAND 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1 □ M 2 XX Months Deys Hours Min Yrs. 83 Feb. Director 219-05-4250 Usuel Residenca of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1. Yes 2 No Director n/a BALTIMORE the 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò Items 23a 515 S. DURHAM STREET Funerai 21231 U.S.A. 12. Was Decedent Ever in U.S. Armed Forces?

1 Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours efter 1 Never Merried 2 Married 9 altimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify: 3XXVidowed 4 □ Divorced natural', White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 6 HOUSEWIFE DOMESTIC other 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Department of Heelth end Mentel Important: If Item 27 is marked of any Injury or other traumatic evence. WILLIAM 0 J. GLANCE ELIZABETH WALTERS 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) BARBARA GIRARD/DAUGHTER 408 ANNETTA ROAD, BALTIMORE, MARYLAND 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method ot Disposition Dete 20c. Location - City or Town, Stete 1 D Burial 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) OAK LAWN CEMETERY 4/3/97 BALTIMORE.MD. 21. Signature of Funerel Servica Licansee 22. Name end Address of Fecility LILLY & ZEILER, LILLY & ZEILER, INC. FUNERAL HOME 1901 Eastern Avenue Baltimore, M Baltimore, Maryland 21231 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medicai Immediete Ceuse (Final Atherosclerosis 5 years diseese or condition resulting in deeth) Examiner Due to (or es a consequence of): Examine pue Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting In deeth) Lest Due to (or es e consequenca of): The lew requires that the death certificate be exec Division of Vital Records, P.O. Box 68760. physician s the buriel Physician/Medicai Due to (or es e consequenca of): ettending p the Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 | Yes 2 | No 3 | Probably 4 | Unknown Congestive heart failure þ been sig 24b. Were autopsy findings evalleble prior to completion of cause Completed 24e. Wes en eutopsy Dementia page 2 s of death? director, page 1 ☐ Yes 2 No 1 □ Yes 2 □ No Malnourishment To the Hospital or Attending Physician: within 24 hours efter deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director, I Be 25. Wes case reterred to medical examiner? 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 □ ER/Outpetient 3 □ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time ot 28d. Describe how injury occurred Certification: 28c. injury et Work? 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted. Medical 29a. Certifier (Check only one) 2 Medical Examinar: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end Manner steted. 29b. Signeture end title of cartitis 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme end eddress of person who completed cause ot deeth (Item 23a) (Type, Print) Dr. Naeem Gauhar 9000 Franklin Square Drive Baltimore, Md. 21237 31. Dete filed (Month, Dey, Year)
APR 0 3 1997 A2. Fodistrat's Signatura Land State

Registrar



State of Maryland / Department of Health and Mental Hygiene

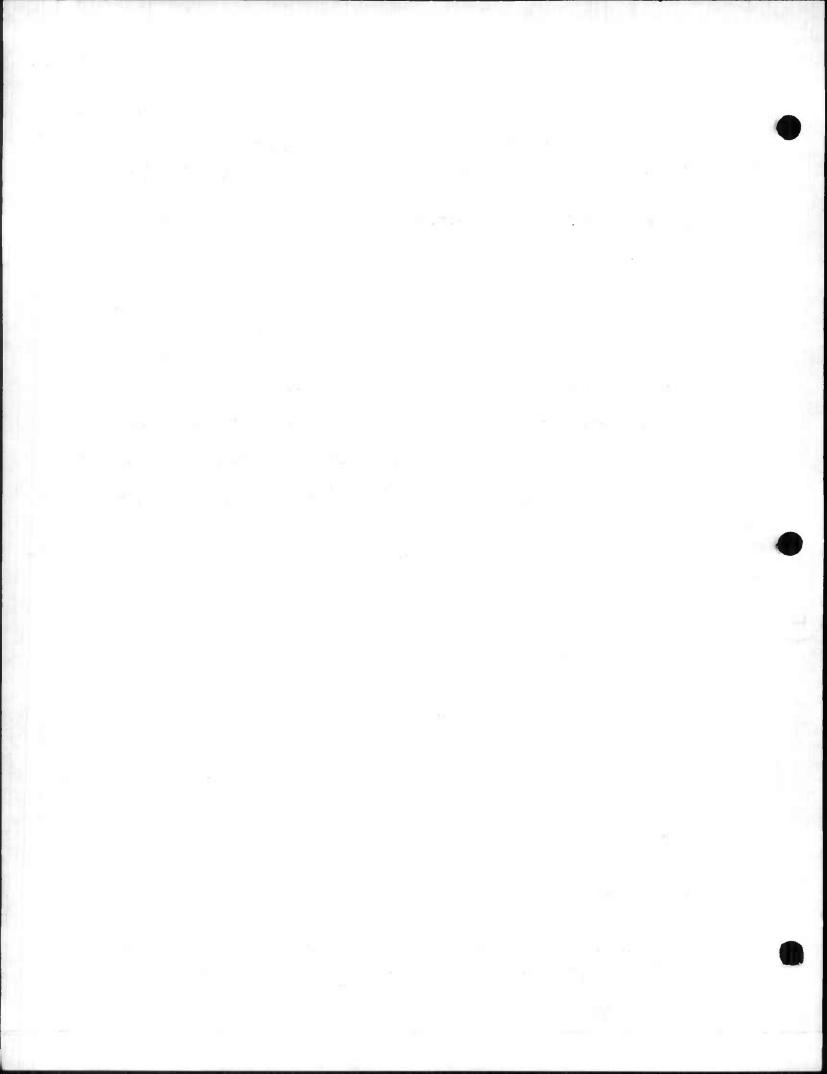
				Cer	tificate of	Death	F	Reg. No.	1	10044
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Physic /Medi		ALBERT R.		MARTI	N		Month MARCH	Day 21.199	Yeer 7	02:05
Exami		4e. Fecility Neme (If not institution, give street end	(number)	THULL		4b. City, Town, or L		4c. County		02.03
		THE JOHNS HOPKINS HOS	PTTAT.			BALTIMOR	F CTTV			
Funeral	Г	Sociel Security Number 6. Sex	7. Age (In yrs.	last birthday)	If Under 1 Yea	r If Under 24 Hrs.	8. Date of Birth (Month, Dey	Year)	9. Birthple	ce (State or Foreig
Director		045-14-6477 1X M 2	^F 76	Yrs.	Months Deys	Hours Min.	March 6,	1921	Massa	chusetts
show		Usuel Residence of Decadent 10a. State 10b. County	10c. Ci	ty, Town or Lo	cetion				100	d. Inside City Limits
the Maryla 28a-f shon notified at	to	Maryland Anne Arundel	Anı	napolis						1 □ Yes 2 X No
ith the M or 28a-f	le o	10e. Street end Number			10f. Zip Code			10g. Citizen of	Whet Country	y?
ath with	Funeral Director	1009 Boom Court			2140	1		United	States	;
ter dea	ner	11. Marital Status 12. Wes I	Decedent Ever in U	J,S. 13. V	Ves Decedent of	Hispanic Origin? (Sp ban, Mexican, Puerto	pecify Yes or No-	14. Rac	a - American	
72 hours after death with the Maryland natural', or Items 23s or 26s4 show pical Evans nor must be notified at	by Fu	1 Never Merried 2 Married 1 Yes	es 2 X No		☐ Yes 2 No		Hican, etc.)	Specif	ck, White, etc	
d within 72 hours af giane. or than "natural", or i ne Medical Exam	pe	15. Decedent's Education	- 41	16a. Deced	ent's Usuel Occu	petion		16b. Kind of B		
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id 2 s th en 7 Is I		Norbert Martin brothe	r			eet, Dartn				
Health Health tem 27		20a. Method of Disposition			sitlon (Neme of netory or other pl		Date Date			
hermit. Pages 1 er Department of Hea Mportant: If item iny Inlury or other Ince.		1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel fr 4 ☐ Donation 5 ☐ Other (Specify)		1 2 07		tion - City or Town, State				
permit. Pages 1 end 2 should be file. Department of Health end Mental Hyg important: If item 27 Is marked othe any Injury or other traumatic event, once.		21. Signeture of Funeral Servica Licansee	CIR		e Crema		1-2-97		rie, r	laryland
permit. Departimontal		1 Canead	2	Ra 93	pp Fune 3 Gist	ral Servic Avenue, S	ces, P.A ilver Sp	ring, M	lary1ar	nd 20910
		23a. Pert1. Enter the disease, or complications the shock, or heart failure. List only one cause of	et caused the deal	th. Do not ente	er the mode of dy	ring, such es cardiac	or respiretory en	rest,	ir	Approximete nterval Between
Physician		Name of the Court of Time I							C	Onset end Deeth
/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth) e.	ARRYTH	AIMH					3	O MINUTES
	-e	• • • • • • • • • • • • • • • • • • • •	Due to (or es e conseq	uence of):					
betr	듵	b			, ,					
axecu in end	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	Due to (d	or es e conseq	uence of):					
fficate be a physician so the buria	cal	thet initiated events	Due to (c	or es e consequ	ience off.					
	/Medical	resulting in deeth) Lest	200 10 (0	71 93 9 CO1138QL	201100 017.					
ath cert	an	d								
deat de att	sicia	Pert ii. Other significent conditions contributing t	o death but not res	sulting in the ur	iderlying cause g	iven in Pert I.	23b. Did to	obecco use co	ntribute to ti	he cause of deeth
that the death led by the atter	Physician			_				es 2 No		bly 4 Unknow
S F O	ρ	CORONARY ARTE	K 75	FASE						
ne law requiras e hes been sign tga 2 should be	Completed						24e. Wes e		eveil	e eutopsy findings able prior to
2 S S	nple								of de	pletion of cause eth?
F # 6	Co						1)(1) Y	es 2 No	101	Yes 2⊠ No
Physician: The this cartificate ral director, pag	Be	25. Wes case referred to medical exeminer?				26. Place of Dee	th (Check only or	ne)		
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the fact	lon:									
Attending or death.	Icat	2 Accident investigation M 1 Yes 2 No								
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th complataly filled in by the funaral	Certification:	28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Record of the control of the contr								
spital nours neral rillec	alC	29a. Certifier (Check only Check only C								
To the Hospita within 24 hours To the Funeral complately filled	edical	2 Medical Examiner: On th	e basis of examine namer stated.	etion end/or Inv	estigation, In my	opinion, deeth occur	red at the time, o	late end place,	end due to th	ne cause(s)
To th To th comp	Me	29b. Signature and title of certifier			29c. Licer	ise number	0 2	29d. Date signe	d (Month, De	y, Year)
		* Aprilibridario	D. INTE	en		RES-00	0	MARCH	21 ST	1997
		30. Name and address of person who completed c	ause of deeth (Iter	n 23e) (Type, I	Print)		LTH WOL	LE STA	CCT	
			ins hopk	MARY L	AND	0-0 1401				
Sta	te		2. Registrer's Signa					-		

DHMH 16 Rev 6/95

State

Registrar

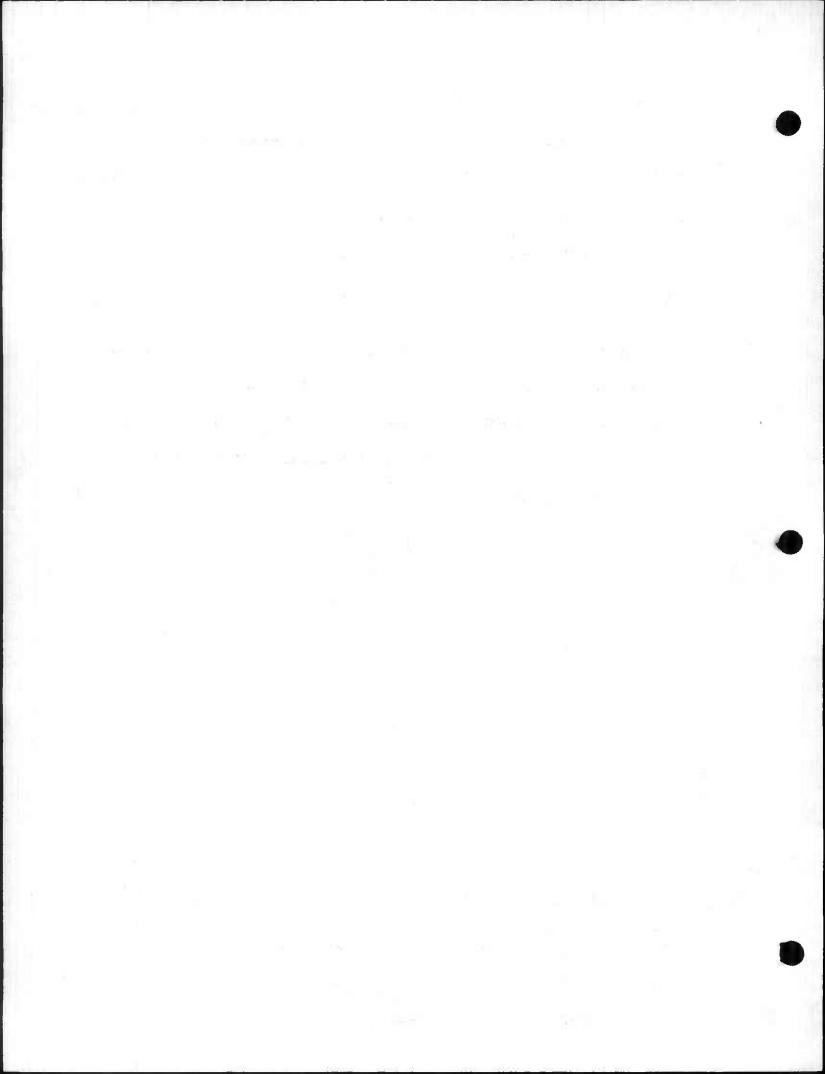
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				C	ertificate	e of	Death		Reg. No.			
Physicia	מו	1. Decedent's Neme (First, Middle, Las						2. Date of D		Yeer	3. Tir	me of Deeth
/Medic				noney		,		APRIL	1 1	997	7:3	0 P.M.
Examin	er	4a. Fecility Name (If not Institution, give	e street end number)				4b. City,-Town, or	Location of Dee	th 4c. Coun	ty of Deeth		
	Н	CHURCH NURSING			i ii I Indon	1 V	BALTIN			N/A		
Funeral Director		5. Sociel Security Number 6. S 216-05-8253 1 Usual Residence of Decedent	ex 7. Age (In □ M 25 F 9!	yrs. lest birthd Yrs	Months	Days			irth ay, Year) 7/01	Cou	place (Si intry) YLAN	tete or Foreigi
anyland show		10e. State 10b. County	10	c. City, Town o	Location						10d. Insi	de City Llmits
Mary Hash	tor	MARYLAND N/A		ват.т	IMORE						1 🔯	Yes 2 No
or 28a-f	Director	10e. Street end Number		2.1-2	10f. Zip	Code			10g. Citizen o	f Whet Cou	intry?	
th with	ai D	600 LIGHT STREET	#906		2	2123	30			USA		
Items :	ner	11. Maritel Status	12. Wes Decedent Ever Armed Forces?	in U,S. 1	3. Was Deced	ent of	Hispenic Origin? (oan, Mexicen, Pue	Specify Yes or N	(es or No- l, etc.) 14. Race - American Indian, Black, White, etc.			en,
filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or flems 23a or 28e-f show int, the Medical Examinet must be notified at	by Funerai	1 ☐ Never Married 2 ☐ Married 3 🖾 Widowed 4 ☐ Divorced	1 ☐ Yes 2 💆 No If Yes, Give Year or Detes:				Specify:	rto Hicari, etc.)	Spec	ifu-	, etc. HITE	
72 ho	ted	15. Decedent's Ed	lucation	16e. De	cedent's Usue	Occu	petion during most of wa	orkina	16b. Kind of	Business/Ir	ndustry	
d within 72 ho giene. r than "natur ine Medical	Completed	Eiementery/Secondary (0-12)	College (1-4or 5+)	life	e. DO NOT us	e retire	ed)	nnig				
e filed withing the state of the state sta		8TH GRADE			WAITRES	SS	T	RESTAURANT				
od out	Be	17. Fether's Neme (First, Middle, Last) WILLIAM LAWRENCE						Name (First, Middle, Maiden Surneme) E EVERSON BURNS				
2 should be end Mentel s marked o sumatic eve	ဥ	19e. Informent's Neme/Reletionship (1		105.14	- 11to - A -d-d	/C4===					. 0. 4.1	
alth en 27 is a		Katherine Huther			_		ESS ROAD	BALTIM	per, City or Town, State, Zi			
- P E E		20e. Method of Disposition	Daugiteer		Dete	20c. Locetion			te			
		1 Suriel 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	<i>'</i>)	METERY	4/4/97	BALTIM						
permit. Pa Departmer Important: any injury once.		21. Signeture of Funeral Service Licen	f. Kopya	x		I NC	ess of Facility FUNERAL I MD 21286		21 LOCH	RAVE	N BL	.VD.
-		23a. Pert1. Enter the disease, or comp shock, or heert feilure. List only	plicetions that ceused the	deeth. Do not	enter the mode	e of dy	ing, such es cerdia	ac or respiretory	errest,		Approx	ximete al Between
Examiner	Examiner	disease or condition resulting In deeth)	b	to (or es a con	sequence of):	Ut	1110				4770	y yeare
icate be axecuted physician and s tha buriel-transit		Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury	C	to (or es e con	sequence of):							
antif ding	Medicai	thet Initieted events resulting in death) Lest	Due	to (or es e cons	sequence of):							
aath cer attendir I for use	Physician											
thet tha da ed by the a detached i	ysic	Pert II. Other eignificent conditions co		t resulting in the	e underlying ca	ause gi	ven in Pert i.		tobacco use c			
thet led by deta		DEMENTI	Δ					1 🗆	Y00 2000	3 Pro	bably	4 Unknow
v requiras been sign should be	Completed by							24a. Wes	s en eutopsy ormed?	6/	veileble p ompletion	ppsy findings prior to n of ceuse
e lav	E D										f deeth?	~/
certificate									Yes 2 DNo	1	☐ Yes	20 No
Physician: this certific ral director,	o Be	25. Wes case referred to medical examiner? 1 ☐ Yes 2 ☑ No	Hospital:	-5		. Ot		ath (Check only				
Phys r this eral d	⊢⊦	27. Menner of Death	28e. Dete of Injury	2 ER/Outpe		A	4 Vinursing	Home 5 Res	how injury occi		ty)	
Attending Is death.	ig	27. Menner of Death 1 1 1 Affaturel 5 □ Pending (Month, Dey Year) 28c. Dete of Injury 28c. Injury et Work? 1 □ Yes 2 □										
i or Attendir a aftar death. I Director: A d in by the fu	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - building, etc. (S)	At home, farm,	street, factory,	, office		28f. Location (Street and Number or Rural Route Number, City or Town, State)				
Hospi 4 hou Funer tely fill	edical C	29a. Certifier (Check only one)	Physician: To the best of my knowledge, death occurred at the time, date and placeminer: On the basis of examination and/or investigation, in my opinion, death occurred menner stated.					nd plece, end due to the ceuse(s) end menner es s ath occurred et the time, date end place, end due to			steted. to the car	use(s)
within 2 To the comple	Me	29b. Signature end title of certifier			29ç.	Licen	se number	29d. Date signed (Month, Dey, Year)				ar)
m		Checaroles	Red - Spec	idest		1)	£0356	APRIL 01, 1997				
الإ		30. Name and address of person who o										0
		WENEUSA NAVAR	no, No.	100 N	1. BROA	1DL	JAY, B	ALTIMOR	E, MA	RYLA	M) (TM	21231
Stat	е	31. Dete filed (Month, Dey, Year)	32. Registrer's S	-								

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Months

10f. Zip Code

7. Age (In yrs. last birthday)

Yrs.

10c. City. Town or Location

Baltimore

82

BALTIMORE

Physiclan /Medical **Examiner** 1. Decedent's Neme (First, Middle, Last)

JOSEPH

10a. Slate

5. Social Security Number

265-03-0194

10e. Street end Number

Usual Residence of Decedent

MARCHIONI

Days

Hours

2. Dete of Deeth

Dev

3 Time of Deeth

4e. Facility Neme (If not institution, give street and number)

10b. County

Maryland Baltimore City

SAINT JOSEPH MEDICAL CENTER

6. Sex

12 M 2 F

4b. City, Town, or Location of Death

Min.

MARCH 25, 1997 8:14 PM 4c. County of Death

Funeral

Director worle

with the Maryland r than "natural", or items 23a or 28a-f ehor death v

21215-0020

Baltimore, Maryland

P.O. Box 68760,

Records,

Division of Vital

Physician /Medical Examiner

Director 1904 Winford Road 21239 Funeral 11 Marital Status 12. Was Decedent Ever in U.S. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Armed Forces?
1 ☐ Yes 2 ♣ No
If Yes, Give filed within 72 hours after 1 ☐ Never Married 2 ☐ Married 1 Yes 24 No Specify: þ 3 ☐ Widowed 4 💆 Divorced Yeer or Dates: Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) I Hygiana. Elementery/Secondary (0-12) College (1-4or 5+) unknown unknown Marble Setter permit. Pagas 1 and 2 should be flie Department of Health and Mental Hy Important: If Nem 27 Is merked othe any Injury or other traumetin 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Maria Palamini Marchioni .Iohn 2 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7903 Montrose Avenue, Baltimore, Maryland 21237 Delores M. Speel 20b. Piece of Disposition (Name of 20a. Method of Disposition cemetery, cremetory or other place) 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☑ Donetion 5 ☐ Other (Specify) Signature of Funeral Service Lic ²²Name end Address of Fecility</sup> Board, 655 W. Baltimore Street Joseph B Nan Sant Baltimore, Maryland 21201 Km 23a. Part1. Enter the disease, or comprications that caused the death. Do not enter the mode of dylng, such es cardiec or respiretory arrest, shock, or heert failure. List only one cause on each line. Immediete Ceuse (Final disease or condition resulting in deeth) RESPIRATORY INSUFFICIENCY Due to (or es e consequence of): Examiner ADULT RESPIRATORY DISTRESS SYNDROME The law requires that the death cartificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury thal Initiated events resulting in deeth) Lest bunial-tran Bnd Due to (or as a consequenca of) PNEUMONIA Physician/Medical Due to (or es e consequence of) usa as tha CEREBRAL VASCULAR ACCIDENT attanding for usa as signed by tha sid be datached Pert II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? CORONARY ARTERY DISEASE þ page 2 should b Completed 24e. Wes an eutopsy MYOCARDIAL INFARCTION performed? cartificata has RENAL FAILURE Attending Physician: Be 25. Wes case referred to medical exeminer? 28. Place of Deeth (Check only one) Other: 4 Nursing Home Hospitel: 1 Yes 2 No Inpatient 2 ER/Outpatient 3 DOA 2 this funeral 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of Certification: After 5 Pending Investigation s after death. i Director: A od in by the ft death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 6 To the Hospital o within 24 hours af To the Funeral Di completely filled in edicai Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29e. Certifier (Check only one)

TOWSON, MARYLAND
If Under 1 Year If Under 24 Hrs. 8, Dete of Birth 8. Dete of Birth (Month, Day, Year) 9. Birthplece (State or Foreign Country) September 10, 1914 Maryland 10d. Inside City Limits X Yes 2 No 10g. Citizen of Whet Country? U.S.A. Raca - American Indien, Bleck, White, etc. Specify: White 16b. Kind of Business/Industry Stee1 20c. Location - City or Town, State Approximate Intervel Between Onset end Deeth

DAYS

DAYS

1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 X Unknown

24b. Were autopsy findings eveileble prior to completion of cause

DAYS

DAYS

1 Yes 2 No

1 🗆 Yes	≥X No

5 🗆	Residence	6 ☐Other (Special

28d. Describe how injury occurred

29b. Signeture end tille of cartifier ww withicam

29c. License number D 31826

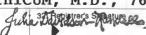
29d. Date signed (Month, Day, Year) 3-25-9

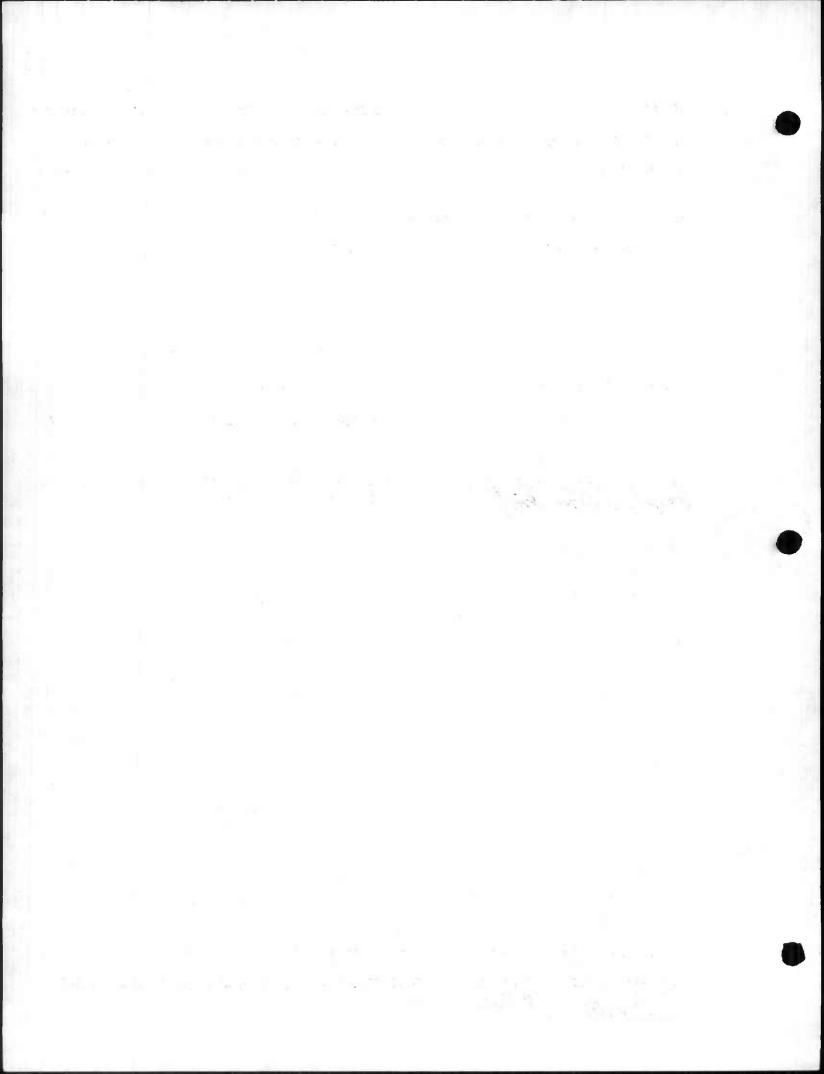
30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

LINTHICUM, M.D., RICHARD L. 7620 YORK ROAD, TOWSON, MARYLAND 21204

Registrar

31. Dete filed (Month, Day, Year)
APR 03 1997





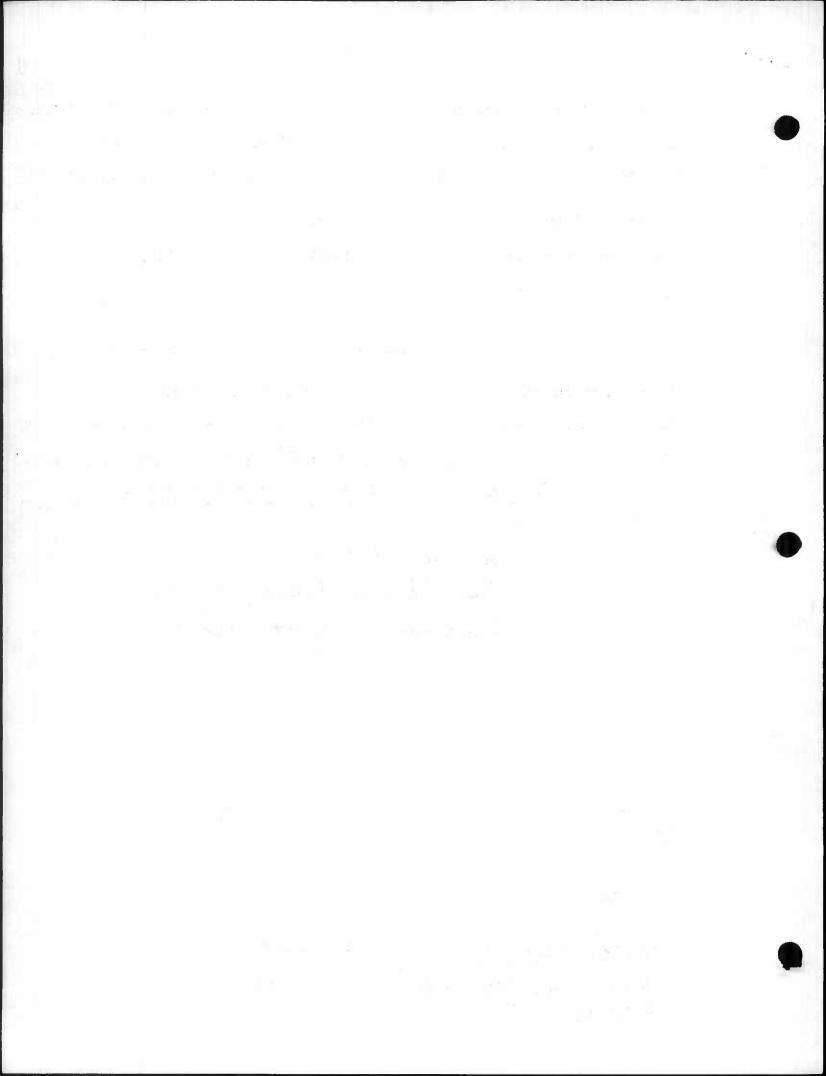
State of Maryland / Department of Health and Mental Hygiene

							Ce	rtificat	e of	Death			Reg. No.			00-77
			1. Décedent's Name (First, Midd	fle, Last)								2. Date of De	ath	W	3. T	ime of Death
	Physic /Medi		Timothy	Bria	n Nay	lor						Month	31. T	997	1	0:45 AN
N	Exami		4a. Facility Name (If not institution	on, give st	reet and nu	ım <i>ber)</i>				4b. City, To	wn, or L	ocation of Deeth	-	unty of Death		
1			3404 Chestnu	it Av	enue					Balt	imor	e		N/	A	
	Funeral Director		5. Social Security Number 212-50-5980	6. Sex	M 2□ F	7. Age (In yrs 36	s. last birthday) Yrs.	If Under Months	1 Yea Days		24 Hrs. Min.	8. Date of Bird (Month, Da Dec. 3	y, Year)	9. Birth Con Mar	nplace (Suntry) ULan	State or Foreign
	P .		Usual Residence of Decedent			1.0										
	aryta show		10a. State 10b. Count			10c. C	ity, Town or Lo									side City Limits
	the Marylar 28a-f show	Sch	Maryland	N/A			Balt	imore							11/4	Yes 2 No
	ith th	Director	10e. Street and Number					10f. Zip	Code				10g. Cifizer	of What Co	untry?	
	ath v		3404 Chestru	it Av	enue				212					S.A.		
020	be filed within 72 hours after death with the Maryland tlel Hyglene. Id other than "natural", or itams 23a or 28a-f show event, the Madical Examiner must be notified at	by Funeral	11. Marital Status 1 □XNever Married 2 □ Mar 3 □ Widowed 4 □ Divorce	rried	2. Was Dec Armed Fo 1 Tes If Yes, Gi Year or D	2 □XNo ve				Hispanic Or ban, Mexica Specify:		ecify Yes or No Rican, etc.)		Race - Amer Black, White ecity: Who	e, etc.	len,
21215-0020	2 hou		15. Decede				16a. Dece	dent's Usua	al Occi	pation			16b Kind		ness/Industry	
215	within 72 ene. than "nat	Completed	(Specify only highe	st grade	completed)	4:4==5:1	(Give	kind of wor DO NOT us	rk done se retir	e during mos ed)	t of work	ing	100.11	01 000110001	noodily	
212	2 should be filed within end Mantel Hygiene. is marked other than aumatic evant, the M	E	Elementary/Secondary (0-12) 12th grade		College (1-40r 5+)	Cus	tomer	Se	rvice			Tolo	phone	Com	manu
	othe sent,	Bec	17. Father's Name (First, Middle	Last)							er's Nam	e (First, Middle,				1
Maryland	Alante Alante Treed Tice	TOE	Robert Lewis	Nay	lor		Mary Louise Rehak									
ary	s 1 end 2 should f Health end Mar tam 27 is marks other traumatic	-	19a. Informant's Name/Relation	ship (Type	e, Print)		19b. Maili	ng Address	(Stree			al Route Number		own, State, Z	ip Code))
	P = 2 = 2		Megan Smoot (S	iste	r)		5413	Cunt	hia	Terri	ace.	Baltim	ore. N	larula	nd 2	1206
re	ges 1 er if itam or othe		20a. Method of Disposition				Place of Dispo	osition (Nan	ne of			Date	ion - City or 1			
Ĕ	Page ent o nt: if ry or		1 🖄 Burial 2 □ Cremation 4 □ Donation 5 □ Other (\$		moval from						tonu	4-4	Ralt	mata	Man	uland
Baltimore,	permit. Pages Department of Firmportant: if its any injury or ot once.		21. Signature of Funeral Service	Licensee	10-		Š	2. Name an Chumu	d Addi NER	ress of Facili	ral 1	Home		•		
			23a. Part1. Enter the disease, o shock, or heart failure. Lis	r complica	ations that	aused the dea	ath. Do not en	OOI D	ren e of dy	ino such as	cerdiac	Baltimo	rest MC	viyean		Z I 3 oximate
	Physician		shock, or heart failure. Lis	only one	cause on	ach line.			,	g, 040ao		or roop natory at			Interv	al Between
X.	/Medical		Immediate Cause (Final			1 1.	11.									
	Examiner		disease or condition resulting in death)	a.		wrug	flame (or as a consec	٢							Minutes	
		ě												i	11	inutes
٠,	d d	Examiner	0	b.			or as a consec		m	emis				1	700	17767 (3
ć	be axecultistician end buriel-trensit	Exa	if eny, leading to Immediate			poorle				Thus	, ,	Diable	Los	1	1/	
68760,	entificate be axe ling physician er a as the buriel-l	Medical	Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that infliated events resulting in death) Last	C			or as a consec	quence of):	τ	1900	1	power			12	
Box	ath o	Physician/M		d												
o.	tha death by the atter	yslc	Pert II. Other eignificant conditi	ons contr	ibuting to d	eath but not re	sulting in the u	nderlying c	euse g	iven In Part	1.	23b. Dld 1	tobacco us	contribute	to the c	ause of death?
1	thet tha da led by the a detached											10	Yes 2	No 380 Pr	obably	4 Unknow
Records,	2 2 2	d by										040 14/00	on outcom	245 1	Noro aut	lopsy findings
Ö	v require been si should	etec										24a. wes perfo	en eutopsy rmed?	8	vailable	
é	2 5	Completed												C	of death?	
<u></u>	ata Pag	S										101	Yes 250	10 1	☐ Yes	2□ No
Vital	ysician: The is cartificata director, pag	Be	25. Was case referred to medice examiner?		anital:						of Deat	h (Check only o	one)			
0	Physician: this cartific ral director,	မ	1 Yes 2 No	ПО			ER/Outpatier		/A		ursing Ho			Other (Spec	ify)	
Ĕ	0 9 6	27. Manger of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury at Work?									28d. Describe	now injury o	ccurred			
S	aatl the	cat	2 Accident invest 3 Suicide 6 Could	gation not be				М		Yes 2						
Division	i or Attendin aftar daath. Director: Aft i in by the fur	E	4 Homicide determ		28e. Place buildi	of Injury - At hing, etc. (Spec	nome, farm, sti ify)	reet, factory	, office	•		28f. Location (S City or Tox	Street and N vn, State)	um <i>ber</i> o <i>r R</i> u	ral Route	a Number,
	ors a crain plant in the crain p															
	To the Hospital or Att within 24 hours aftar d To the Funeral Direct completely filled in by	edical	29a. Certifier Certifyii (Check only one)	knowledge, death occurred at the time, date and plece, end Ination end/or investigation, in my opinion, deeth occurred					, end due to the cause(s) and manner as stated. Irred at the time, date and place, and due to the cause(s)							
	within 2 To the	Σ	29b. Signature and title of certifie		29c. License number 29d. Date signed						, Day, Y	'ear)				
			D. Denomb							D40480 April 1, 1997				37		
	6	30. Name and address of person who completed cause of death (Item 23a) (Type, Print)								5-810 3elair ad Balto, MD 21206						
		•	31. Date filed (Month, Day, Year,				Anthre =	W. P.N	14	101/10	1	100				-
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Year Edward Warren Overington March 1997 5:00A.M. /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** 1676 Forest Park Avenue Baltimore Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey. 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Deys Year) 1K M 2 □ F 212-30-3703 Yrs. Director 68 August 13,1929 Maryland Usuel Residence of Decedent with the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-4 show traumetic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Maryland Baltimore 3 8 1 Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1676 Forest Park Avenue 21207 U.S.A. death Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or iten any injury or other traumetic event, the Medical Exercises once. 1 Nes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: White 1 Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Carpenter Construction 12 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surname) Oliver W. Overington Emma Frances Silvius 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Relationship (Type, Print) Albert Grimes (Grandson) 4625 Willowgrove Drive Ellicott City, Maryland 21042 20b. Place of Disposition (Name of cemetery, cremetery or other place April 20e. Method of Disposition 20c. Location - City or Town, Stete © Burial 2 ☐ Cremation 3 ☐ Removel from Stete Good Shepherd Cemetery 1997 4 ☐ Donetion 5 ☐ Other (Specify) Ellicott City, Maryland 21. Signature of Funeral Service License 22. Name end Address of Fecility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21229 Part 1. Later the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or hear failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in death) Examiner Examiner been signed by the ettending physician end should be deteched for use as the bunel-trensit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Physician/Medical Division of Vital Records, P.O. Box 687 Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of ceuse of deeth? Completed 24a. Was en eutopsy performed? To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Diractor: After this certifies 25. Wes cese referred to medical exeminer? 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Manger of Death 28b. Time of Certification: 28c. Injury et Work? Naturel 5 Pending 1 ☐ Yes 2 ☐ No Accident investigation 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Š 4 Homlcide completely filled in Certifying Phyelclan: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the pass of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) end mariner stated. 29a. Certifier Medical 29b. Signature and title of certifie 29d. Date signed (Month. Day, Year) 29c. License number State Registrar



State of Maryland / Department of Health and Mental Hygiene

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					Cei	rtificate	of De	eath		Reg. No.	21	10043
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Funeral			Sex 7.	Aga (In yrs. I	est birthday)	If Under 1 \	/aar II	f Undar 24 I		irth	9. Birthp	lace (Stete or Foraign
Director		unknown	1□M 21X F	103	Yrs.	MONTHS	reys I	nours k	Dec. 3	irth Bey, Year) 31,1893	Vir	ginia
p ,		Usual Residence of Decedent										
show	o.	10e. Stete 10b. County	~		, Town or Lo						11	0d. Inside City Limits
8a-f	cto	Md. Princ	e George	es 1	aure	L						1 XYas 2 No
or 2	Dire	10e. Street end Number				10f. Zip Co	***			10g. Citizen of	Whet Coun	try?
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of 2 should be filed within 72 hours efter death with the Maryland and Mental Hygiene. 7 is marked other than "natural", or items 23s or 28s-f show traumanc event, the Medical Examiner must be notified at	Funeral Director	11. Marital Status	12. Was Decede Armed Force	ent Ever in U.S	S. 13. \	Was Decedent	t of Hispa Cuben, I	anic Orlgini Mexican, Pi	(Specify Yes or Nuerto Ricen, atc.)	lo- 14. Ra	4. Race - American Indian, Black White etc	
or H	F	1 Never Married 2 Married	1 ☐ Yas 2	C)No		1□ Yes 2↓□		Specify:	, ,		Black, White, etc. Specify: Black	
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item 27		Charles Parke	r Grand					St.N.	W.Wash			
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permit. Pege Department of Important: If any injury or once.		21. Signature of Funerel Service Lic	ensee	2	22	. Name and A	ddress o	of Fecility	Unnt Di	100001	IIomo	
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efter death Director: / d in by the	E	4 Homicide determine	286. Piece of	Injury - At honetc. (Specify)	ne, ferm, stre	eet, fectory, of	fice		28f. Location City or To	(Street end Numi wn, Stete)	ber or Rural	Route Number,
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Registra	ar	APR 03	1997	Julia Dav	4dson-A	orland						

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** amo as /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 5. Sociel Security Number 6. 5 If Under 1 Year 8. Dete of Birth Month, Day 7. Age (In yrs. last birthday) **Funeral** 220 220-20-4300 Usual Residence of Decedent Months Deys 12 M 2 F Yrs. Director the Marylend 10e. State 10b. County permit. Pagas 1 and 2 should be filed within 72 hours aftar death with the Marylen Department of Health and Mantal Hygiane. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow any july or other traumatte event, III Marqual Examinat matter notified at 10c. City, Town or Location 10d. Inside City Limits Yes 2 No imore Director Maryland 10e. Street end Number 10g. Citizen of Whet Country? 2 laing Rear Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Merried 2 Married 1□ Yes 2DNo Baltimore, Maryland 21215-0020 Specify: þ 3 ☐ Widowed 4 ☐ Divorcad American Frican Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Cemer 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle Be la Theu e (Friend) 19b. Mailing Address (Street and Number or Rural Route Number, City 221/2 Spall Aina Aile, Reak 19a. Informant's Neme/Relationship (Type, Print) 20b. Pleca of Disposition (Name of cemeterly, cremetory or ether place) City or Town, State, Zip Code) to, Md. 21215 .Uernetta 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 □ Cremetion 3 □ Removal from Stete butus 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licansee 22. Name end Address of Fecility Joseph a 21216 Nor 16 Ave-23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Final disease or condition resulting In death) Examiner -stape renal disease Examiner use es the bunal-trensit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest e consequenca of): pue be axe Records, P.O. Box 68760, ettending physiclan Physician/Medical Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 3 Probably 1 ☐ Yes 2 ☐ No 8 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? page 2 should Completed 24a. Was en eutopsy performed? peen Aftar this certificate has 1 🗆 Yes 21 No 2 No Division of Vital Hospital or Attending Physician: 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury et Work? 27. Manner of Deetl 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Matural within 24 hours after death. To the Funeral Director: A 1 Tes 2 No 2 Accident 6 Could not be determined 3 Suicide Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. Medical

State Registrar

(Check only

29b. Signature, and title of certifier

31. Date filed (Month, Day, Year) 32. Registrar's Signature APR 0 3 1997

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

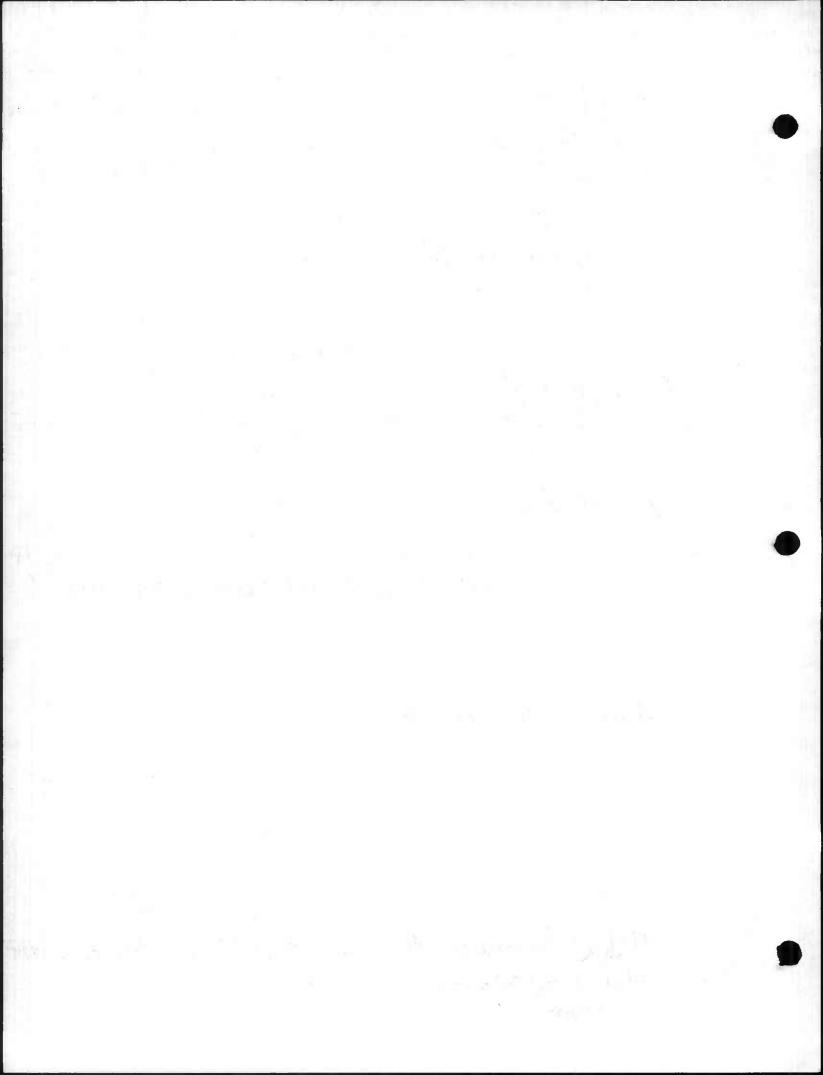
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1997

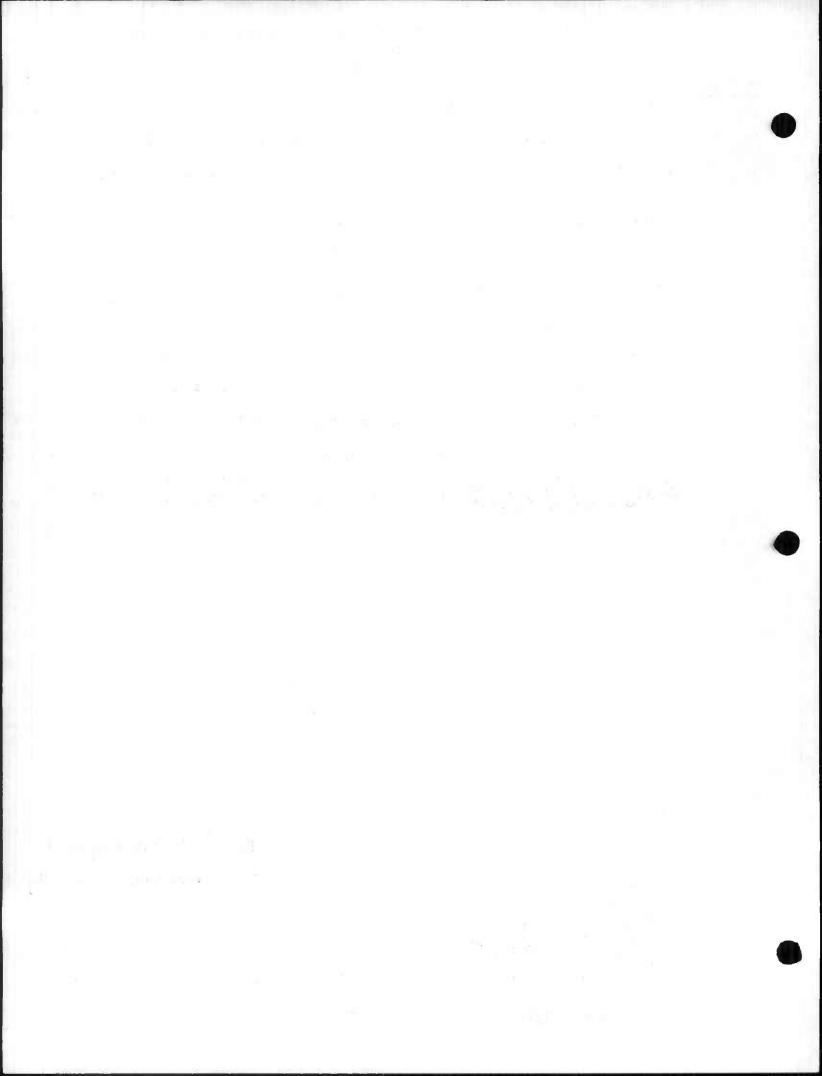
To the



State of Maryland / Department of Health and Mental Hygiene

							Cer	tificat	te of	Death		Reg. No.					151	
П	Physic	ian	Decedent's Neme (First, Middle							2. Dete of Death Month Dey		v	Veer	3. Time of	Death			
Physiciar /Medica			David	W						March 28, 1			997	12:49	P.M.			
	Exami	ner	4a. Facility Neme (If not institution, give street end number) 128th Street & Coastal Highway					4b. City, Town, or Lo Ocean Cit								County		
	Funeral Director		5. Social Security Number 219–02–4045	6. Sex 1 → M 2 □ F	7. Age (In yrs. lest			st birthday) Yrs. If Under 1 Year Months Deys Hours Min.						9. Birthptace (State Country) Maryland			or Foreign	
	pus »_		Usual Residence of Decedent 10a. Stete 10b. County		100	City Tow	n or Lo	cation								10d. Inside Ci	la . I limite .	
and 21215-0020 be filed within 72 hours efter deeth with the Maryland Nel Hygiane. No other than "natural", or Nems 23s or 28s-f show event, the Medical Evantical must be notified as	Ba-f sho	Director	Maryland Baltimore					Town or Location Catonsville									2 No	
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	ours efter decrairs, or items	by Funeral	11. Marital Stetus 1 X Never Married 2 Marrted 3 Widowed 4 Divorced 12. Was Deceder Armed Force: 1 Yes 2 Marrted 1 Yes, Give Yeer or Dates			s? If Yes, sp No 1□ Yes			cify Cub	lispanic Origan, Mexican Specify:	gin? (Sp n, Puerto	ecify Yes or N Rican, etc.)	No- 14. Reca - American Indi Black, White, etc. Specify: White			etc.		
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	permit. Pages 1 an Department of Haai Important: If item 2 any Injury or other once.		20e. Method of Disposition 1 ☐ Buriel 2 ☒ Cremetion 4 ☐ Donation 5 ☐ Other (Sp		State _	b. Ptaca of cameter reenn	ry, crem	netory or o	ther ple		4	Date /1/97			-	own, Stete aryland	d	
Balt	permit. Departrimportri		21. Signature of Funeral Service L	yoney 2	A)	53	Name an	ad Addre	dson	y Dav	id J. Balti	Weber	: Fu	neral	l Homes	S	
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8	6 3	Physician																
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Records,	v requ	Completed by											s en eutor ormed?	psy	ev	ere eutopsy f aitable prtor to impletion of c deeth?	0	
Division of Vital Re- or Attending Physicien: The lavather death. Director: After this certificate has tin by the funeral director, page 2	The eta h page	Con										X	∛es 2	□No	12	Yes 2□	No	
	Be	25. Was case referred to medicat exeminer?							26. Place	of Deet	h (Check only	one)						
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LO	Jing P. After funer		27. Menner of Deeth 1 □ Naturat 5 □ Pending	r) Ir	Injury Work?					28d. Describe how injury occurred					V			
ISI	Attender daatlector:	ficat	2 X Accident Investigation 3 ☐ Suicide 6 ☐ Could not determine	248 M 1 ☐ Yes ★★No 1 arm, street, factory, office				281. Location (Street end Number or Rural Route Number,										
Div	after Dire	erti	determined 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 STREET								28T-JT (Coast Altw) Ocea City							
	To the Hospital or Attend within 24 hours after death To the Funeral Director: . completaly filled in by the	Medical C	Certifying Phyelclen: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the ceuse(s) end manner as stated. Medical Examiner: On the basts of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and menner steted.											1)				
	Mithin Fo the		29b. Signature and title of ceptifier		29c. License number						29d. Date signed (Month, Dey, Year)							
			1 KKL	nen	y				0.0	C.M.E			MA	RCH	29,	1997	7	
	6		Name end address of person w	ho completed caus	se of death (Item 23e) (Type, P Pen	n St	ree	et, B	alt	imore	, Ma	ryl	and	2120	1	
	Sta Registr		31. Date filed (Month, Day, Year)		legistrar's Si	gnature	٠	Brile	2									

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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The lew requires that the deeth certificate be axecuted the buriel-trensit and Box 68760. ed by the attending physiclan deteched for use as the burie USB as P.O. signed by to wision of Vital Records. certificate has or Attending Physician: After this after death. 6

1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** Vaar PEACOCK MARCH 30, 1997 1:30 PM /Medical 4a. Fecility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death TOWSON, MARYLAND
ar If Under 24 Hrs. 8. Data of Birth (Month, Day, Y June 18, SAINT JOSEPH MEDICAL CENTER BALTIMORE 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) if Undar 1 Yaar **Funeral** 9. Birthplaca (Stata or Foreign Months Deys 1X M 2□ F 1918 220-09-6829 78 Yrs. Director Maryland Usual Rasidence of Decedant 10b. County 28a-f show 10c. City, Town or Location 10d. Insida City Limits Director 1 N Yas 2 No Maryland N/A Baltimore City 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? with item 27 is marked other than "natural", or items 23a or other traumatic event, the Medical Evaniner must be 5207 Cedgate Road 21206 U.S.A. Funeral 11. Maritel Status 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Lower 2 should be filed within 72 hours effer to Health and Mental Hygiene.

Ifem 27 is marked other to other trainers. Biack, Whita, atc. 1 Navar Marriad 2 Marriad 1 ☐ Yes 2 ☑ No If Yes, Giva 21215-0020 1 ☐ Yas 2 ☒ No Spacify: þ Specify: 3 Widowed 4 Divorcad White Yaar or Dates: Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Dacedant's Education (Spacify only highast grade completed) 16b. Kind of Businass/Industry Aircraft & Missile Elamantary/Sacondary (0-12) Collaga (1-4or 5+) 5th Grade Plant Arc Welder Maryland 17. Fether's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) permit. Pages 1 end 2 should be.
Department of Health and Mental h.
Important: if them 27 is merter
any injury or other: Be Charles Peacock Matilda Mack May 2 19e. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 5207 Cedgate Road, Baltimore, Maryland 21206 Rose Ellen Peacock/Wife 20b. Placa of Disposition (Nama of cematary, crematory or other place) 4/3/97 20a. Mathod of Disposition 20c. Location - City or Town, Stete ™ Burial 2 Cremation 3 Removal from State Gardens of Faith Cemetery Baltimore, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signeyere of Funeral Sarvice Licensaa 22. Nama and Address of Facility
John C. Miller, Inc.
6415 Belair Road, Baltimore, Maryland 21206 Manita Enter the diseasa, or complications that caused the daath. Do not entar tha mode of dying, such as cardiac or raspiratory errest, or haart failure. List only one causa on aach line. Approximata Intervel Batw Intervel Batween Onsat and Deeth **Physician** tmmediate Ceuse (Final disaase or condition rasulting in daath) /Medical RIGHT LOWER LOBE PNEUMONIA 5 DAYS Examiner Dua to (or es e consaquance of): Examiner ATHEROSCLEROTIC CARDIOVASCULAR DISEASE YEARS Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Ceusa (Disaese or injury Dua to (or as a consequence of): RECURRENT CONGESTIVE HEART FAILURE YEARS Physician/Medical that initiated evants Dua to (or es e consequance of) rasulting in daath) Last SUBDURAL HEMATOMA Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown CEREBROVASCULAR INFARCT þ Completed 24b. Were eutopsy findings evallabla prior to complation of causa of deeth? 24a. Was an autopsy performed? PERIPHERAL VASCULAR DISEASE and No 1 ☐ Yas 2 No 1 ☐ Yas Be 25. Wes casa referred to medical axaminer? 26. Placa of Deeth (Check only ona) Hospitai: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA 2 27. Mannar of Death 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima ot 28d. Dascribe how Injury occurred Certification: 5 Panding invastigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datarminad 3 ☐ Suicide 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 28a. Placa of Injury - At home, ferm, straat, factory, offica building, atc. (Spacify) 4 Homicida Hospith within 24 hours To the Funeral completely filled 29a. Certifiar Certifying Physicien: To the best of my knowladga, deeth occurred at the tima, data and place, and dua to the causa(s) and mannar as statad. Medical 2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and plece, and due to the ceuse(s) and mannar stated. (Check only 29b. Signeture and title of certifiar 29c. Licanse number 29d. Dete signed (Month, Day, Year) D 25886 30. Name and address of person who complated causa of daeth (Itam 23a) (Type, Print) LILIA CEBALLOS, M.D 7620 YORK ROAD, TOWSON, MARYLAND 21204

DHMH 16 Rev 6/95

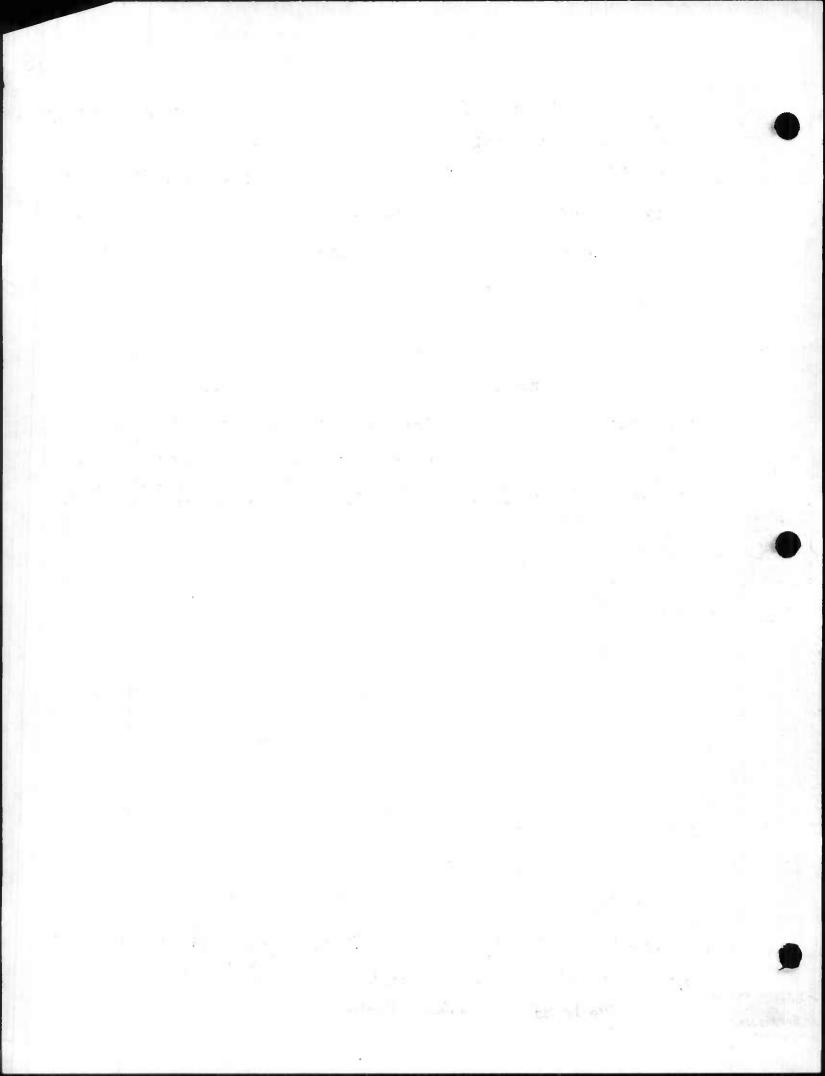
State Registrar

State of Maryland / Department of Health and Mental Hygiene

10053 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Harry Ruffind Institution, give street and number) 1997 /Medicai 4b. City, Town, or Location of Deeth **Examiner** Secours Hospital Baltimore n/a If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) 6. Sex Birthplece (State or Foraign Country) **Funeral** XIXM 2□F Deys 218-10-0236 90 Yrs. Director March 16,1907 Usuel Residence of Dacadent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene: Important at item 27 is marked other than "natural", or items 23s or 28e-f show any Injury or other traumatic event, its Medical Essentials. 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits n/a MD Baltimore Funeral Director XXXX 2 No 10a. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 821 Gilmor St. 21217 USA 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ₹ 1 Mo If Yes, Give Yeer or Dates: Wes Dacedent of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 ZZXIo Spacify: by Black Specify: 3 DWidowed 4 ☐ Divorcad Completed 15. Decadent's Education 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry (Specify only highast grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Ship Cook n/a 17. Fether's Neme (First, Middle, Lest) 18. Mothar's Name (First, Middla, Maiden Surneme) Be Ruffin Nancy 2 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 827 Arlington ave. apt. Harry Ruffin/son 107 Balto., MD 21217 20b. Placa of Disposition (Neme of cemetery, cremetory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stete POBuriel 2 ☐ Crametion 3 ☐ Removel from Stete 4/7 4 ☐ Donetion 5 ☐ Other (Specify) King Memorial Park Randallstown, MD on & Sons Funeral Home St. Balta Lin Signi ure of Funerel Sarvice Licensee 22. Name end Address of Fecility Jumes A. Morton 1701 Laurens Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, or heart feilure. List only one cause on each line, Approximata Interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Finel disease or condition resulting in deeth) Examiner Physician/Medical Examiner 101011 Sequentially list conditions, if any, leeding to Immediate causa. Enter Underlying Ceuse (Diseese or injury that Initieted avants resulting in death) Last attending physician for use as the buria Division of Vital Records, P.O. Box 68760 or Attending Physician: The law requires that the death certificate be Dua to (or es e consequenca of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Wara autopsy findings eveileble prior to completion of causa of deeth? 24a. Wes en autopsy parformed? certificate has b lirector, page 2 s 1 Yas 2 No 1 Yes 2 No Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Yes 2 ☑ No 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA : After this funeral di 27. Manner of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Dascribe how Injury occurred 5 Panding investigation 1 Natural To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fun 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datarmined 3 ☐ Suicide 28a. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 | Homicida 12 Certifying Physician: To the best of my knowledge, death occurred at the time, deta and plece, end due to the cause(s) and manner as steted.
2 Medical Examiner: On the bests of examination end/or invastigation, in my opinion, deeth occurred at the time, deta and place, end due to the cause(s) end menner steted. Medical (Check only one) 29b. Signature end title of certifier 29c. Licensa number 29d. Dete signed (Month, Day, Year) Amatun W. Macom M.D. 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) AMATUN NATEM 501 Dolphin Street, Balto, MD 32. Registrat's Signature

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene

			Certificate of Death Reg. No.												10004	
Phy	ysicia	n	1. Decedent's Name (First, Middle, Last)									2. Date of D	Day Year		3. Time of Death	
	ledica		Rodney Everett Rose									Apri	il 2 1997 /:		1:00 AN	
Exa	amine	er	4a. Facility Name (If not institution, giva street and number) 3903 Bayville Road									ocation of Dea	4c. County of Death Baltimore			
Fund Direct	_		5. Social Security 212-42-		6. Sex †₩ M 2□ F				-	If Under Hours	24 Hrs. Min.	8. Date of E (Month, L	Sirth Day, Year) 194		laca (State or Foraign try) Yland	
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the Maryler 28a-f show	De notined at	ctor	MD MD	Baltin	more		c. City, Town or I							10d. insida City Limits 1 ☐ Yes 2 ☐ No		
th with th	MI De LI	Funeral Director	10e. Street and Nu 3903 Bay		toad 10f. Zip C 212				1220				10g. Citizan of What Country? USA			
ter dee	- XB	2		ried 2 Marri	ed 1 Tes If Yes, G	12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 2 10 10 If Yes, Give Year or Dates:			dent of Hecify Cuba	lispanic Ori an, Mexican Specify:		pecify Yes or No Rican, etc.)	No- 14. Ra Bla Specia			
E	edical	Completed		15. Decedent's Education (Specify only highast grade comp			npletad) (Give kind of a			ation during mos	t of work	king	16b. Kind of B	Justry		
d 2121 filed within Hygiene. ther than "	Tre M	E	Elementary/Sec 12	ondary (0-12)	Collaga ((1-4or 5+)						Manufacturian Ca				
Maryland 212 d2 should be filed within the and Mantel Hygiene.	2	To Be C	17. Father's Name	(First, Middle, L			Maintenance Mechanic 18. Mother's Nam Ruth Sv					Manufacturing Co. na (First, Middle, Maiden Sumama) Nofford				
lar 2 sho and l	En .		19a. informant's N	lame/Relationsh	nip (Type, Print)		19b. Mai	ling Addres	s (Streat	and Numbe	er or Rui	ral Route Number, City or Town, Stata, Zip Code)				
and and mark	T Tec	1		ra Rose	- Wife				Ba1	timore	, MD 212					
Page nent o	nu o o o o o o o o o o o o o o o o o o o		20a. Mathod of Dis 1 ☐ Burial 2 4 ☐ Donation		20b. Placa of Disposition (Name cametery, crematory or othe porty) 20c. Placa of Disposition (Name cametery, crematory or othe cametery, crematory or othe cametery).						4	Date 1/8/97	20c. Location Baltimo			
Balt permit. Depertu	any in		21. Signature of Funeral Service Licenses 22. Name and Address of Facility Cremation and Funeral Alternative													
		7	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 8717 Green Pastures Dr., Baltimore, MD 2128 Approximate shock, or heart failure. List only one cause on each line.													
/Medi	Medical Immediate Causa (Final disease or condition resulting in death) A Moleg near Tryphone a. Dual for as a consequence of the condition resulting in death)								ma			1	Approximate Interval Between Onset and Death			
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E E	Do G		5. Was case raferred to medical examiner? 26. Place of D								of Deat	eath (Check only one)				
Of Vital Rec Physician: Do law this certificata hes.			1 Yes 2	MO	Hospitai:	Inpatient	2 ER/Outpatie	ent 3 D	OA Oth	er: 4 🗆 Nu	irsing Ho	ome 5 Des	sidance 6 □Ott	nar (Specify)	
	2	5	27. Manner of Death 1									red	107-737			
Attender de ctor:	iffical	of thican										28f. Location (Street and Number or Rural Route Number, City or Town, State)				
Hospita 14 hours Funerel	Selice C		29a. Certifiar (Check only one)	(Check only 2 Medical Examiner: On the basis of examination and/or invastination in my opinion death accurred at the time date and place and due to the course.												
within 2 To the	N N	-	29b. Signature and	ritle of certifier		29c. License number					29d. Date signed (Month, Day, Year)					
				Ny MD					D18	48	7		4/2/97			
			30. Name and addr	rass of person w	tho completed cause	sa of death	(Item 23a) (Type)SPITHC					B	ALTO, 1	りかる	1237	
Reg	State jistrar	,	31. Date filed (Mon	nth, Day, Year)	Julia D	egistrar's S	Mandelle					13.7				

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM#15 PER F.H. 4/22/97 FLM#G74State of Maryland / Department of Health and Mental Hygiene Item1 4-16-97 FilmG746 W.H.Per Doctor Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** Month 1997 Charles William Reinhardt II March 2:15 A.M. /Medical 4a. Fecility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Edmondson Avenue Baltimore If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) Funeral 1 M 2 □ F 218-28-5024 71 Yrs. Director Nov. 29,1925 Maryland Usual Residence of Decedant 10a Stata 10b. County 10c. City, Town or Location ral', or items 23a or 28a-f show Examiner must be notified at 10d. Insida City Limits 1 Yas 2 No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 5006 Edmondson Avenue 21229 U.S.A. Funerai 12. Was Decedant Evar in U,S.
Armed Forcas?
1. □ Yas 2 □ No
If Yes, Give
Yaar or Datas: WW II 13. Was Decadant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 natural', or 1 ☐ Yas 2 No Specify: Completed by Specify 3 Widowad 4 Divorcad White 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry nd Mentel Hygiene. marked other than Elamantary/Secondary (0-12) Collega (1-4or 5+) Teacher Education permit. Peges 1 and 2 should be file Department of Health and Mentel Hy Important: If Nem 27 Is marked other any Injury or other traumatic event once. 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be Carl Reinhardt Freda Kuehn 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Carol H. Moore (Cousin) 3483 Olympia Road Davidsonville, Maryland 21035 20b. Place of Disposition (Nama of cematary, crematory or other place) April 2, 20a. Mathod of Disposition 20c. Location - City or Town, Stata ty Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Lorraine Park Cemetery 1997 Woodlawn, Maryland 22. Nama and Addrass of Facility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 23a. Parti. Entar tha diseaser or complications that Causer the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause or cardiac or respiratory arrast, Approximata intarval Between Onset and Death **Physician** /Medical Immediate Causa (Finel disaasa or condition rasulting In deeth) Examiner Physician/Medical Examiner Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated events rasulting in daath) Last P.O. Box 6876 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the causa of death? 1 Yas 2 No 3 Probably 4 Unknown Division of Vital Records, ģ 24b. Wera autopsy findings available prior to complation of cause of daath? Completed 24a. Was an autopsy performed? 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: Be 25. Wes casa raferred to medical 26. Pleca of Death (Check only one) 1 Yes 2 No Othar: 4☐ Nursing Homa 5 ☐ Residance 8 ☐ Othar (Specify) 2 1 Inpatiant 2 ER/Outpatient 3 DOA nours effer death.

neral Director: After this y filled in by the funeral di 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred Certification: 28c. Injury at Work? 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarminad 3 Suicida 28e. Place of Injury - At homa, farm, straat, factory, office building, etc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours of To the Funeral D completely filled in 1 Cartifying Phyalctan: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifier Medicai 29b. Signatura and titla of certifiar 29c. Licansa number 30. Name and eddrass of person who complated cause of death (Itam 23a) (Type, Print) DOME OF

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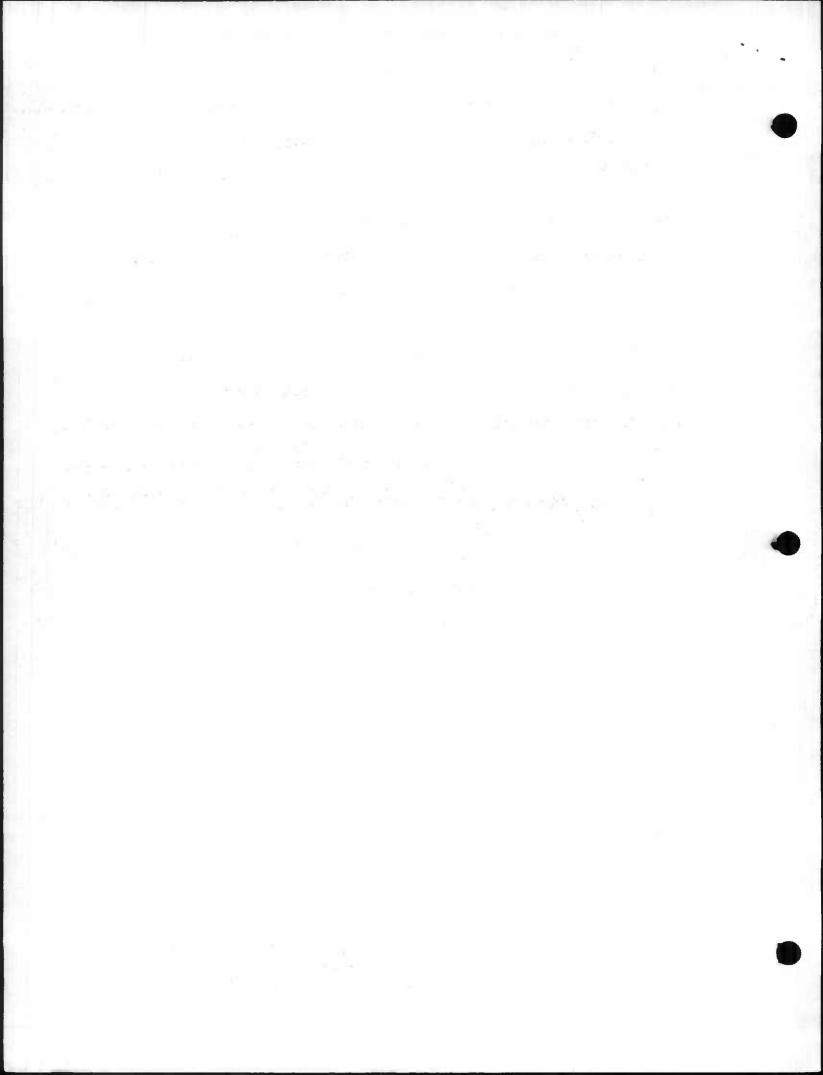
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'aar) 32. Registrar's Signatura

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Registrar

31. Deta filed (Month, Day, Yaar) APR 0 3 1997



State of Maryland / Department of Health and Mental Hygiene

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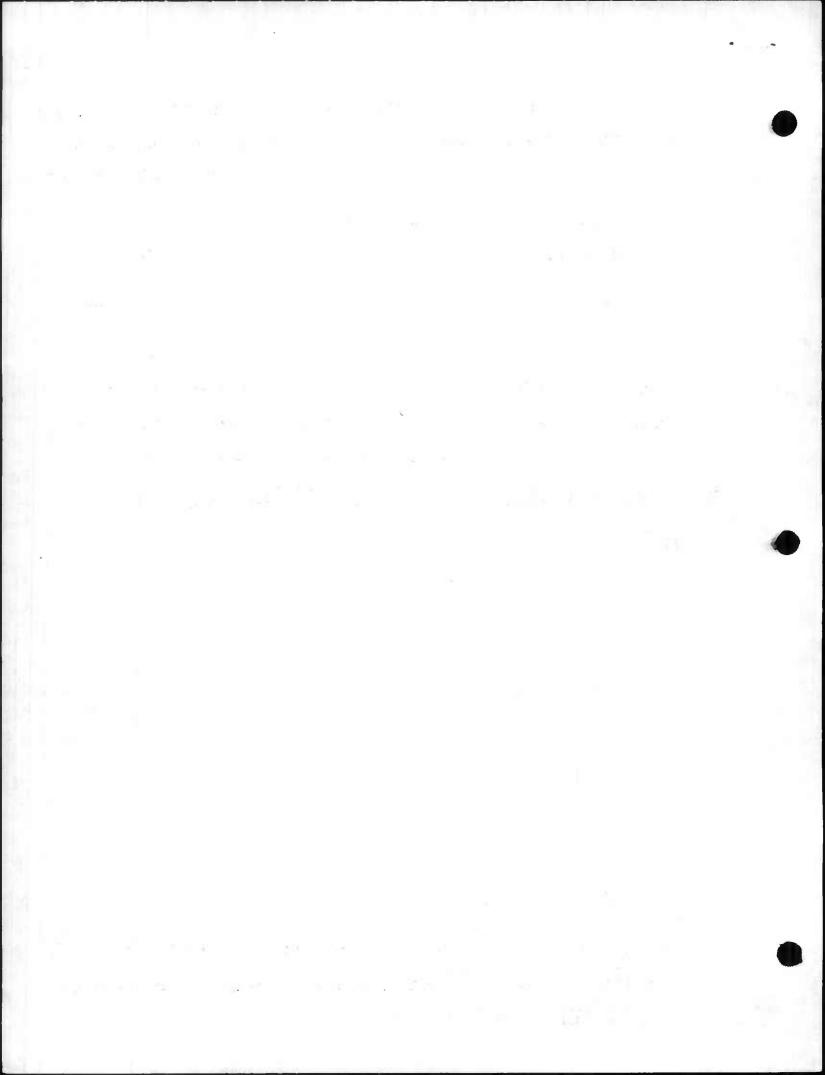
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ahow adat	-	10a. State 10b. County	100	. City,	Town or Loca	ntion				10	d. Inside City Limits	
or 28a-fa be notified Director		Maryland N/A	В	alt	imore	City					1 Yas 2□No	
at be notified at the notified at al Director		10e. Street and Number 2737 Kildaire Dri	ve			10f. Zip Code 21214			10g. Citizen of U.S.A		ry?	
Staniner must Staniner must by Funeral		Marital Status Nevar Marriad 2 Married Widowed 4 Divorced	12. Was Decedent Evar i Armed Forces? 1∑ Yes 2 ☐ No If Yes, Give Yeer or Datas:	in U,S.	if `	as Dacadent of Yas, specify Cul	Hispanic Origin? (Sben, Maxican, Puer	Specify Yes or No rto Rican, atc.)	Speci	ice - Amarica ack, White, a ify: Whi	itc.	
t, the Medical E Completed		15. Decedent's E (Specify only highest gra	ducation ade complatad)		(Giva ki	nt's Usual Occu nd of work done O NOT use retire	during most of wa	orking	16b. Kind of I	Business/Ind	ustry	
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spartment of Health sportant; if Nem 27 by Injury or other tr 128.	- 1	Oe. Mathod of Disposition 1X Burial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specie	Removel from State	cem	ce of Disposi netery, creme	ion (Name of tory or other ple 1 Cemed	ece)	Dete 20c. Location - City or Town, St 4/2/97 Philadelphia, PA			vn, Stete	
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State Registrar 31. Dete filed (Month, Dey, Year)
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30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)



DHMH 16 Rev 6/95



State of Maryland / Depar

tment of Health and Mer	ntal Hygiene	9	7		n	0	C
ificate of Death	Reg. No.	-	ă.	1	U	V	0
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21215-0020 Maryland Baltimore.

 Decedent's Name (First, Middle, Last)
GARY 2. Dete of Deeth 3. Time of Death DAN STURGILL APRIL 82 1997 5:07 A 4a. Feclity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death BALTIMORE 5730 PENNINGTON AVE Baltimore City 6. Sex 15 M 2□ F If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Yeer) **Funeral** Birthplece (Stete or Foreign Country) Days Hours Months Yrs. Director 220-56-8545 JAN.15,1954 Baltimore, MD. Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mantel Hygiens. Important: If them 27 is merked other than "natural", or frems 23s or 28s-f show any injury or other traumstic event. Its Medical 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2XXXVo Maryland | Baltimore County | Arbutus 10f. Zip Code 10g. Citizen of Whet Country? 1242 Greystone Road U.S.A.

14. Rece - American Indien,
Bleck, White, etc. Funeral 21227 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 ■ Yes 2 □ No If Yes, Give Year or Dates: 1 ☐ Yes 2 ☒ No Specify: White þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th Atlantic Welders Welder 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be 2 earl L. Sturgill Mary E. Wilkins 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Shirley A. Sturgill (wife) 1242 greystone Road, Arbutus, MD 21227 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Chesapeake Crematory 4/3/97 Beltsville, MD. 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Baltimore, Md. nan HUBBARD Funeral Home 4107 Wilkens Avenue21229 Approximete Interval Between Onset end Death Enter the diseese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart feilure. List only one cause on each line. **Physician** /Medical Immediete Ceuse (Finel a Intra-oral disease or condition resulting in death) Gunshot Examiner Due to (or es e consequence of): Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in death) Lest Due to (or es e consequence of) physicia Physician/Medical Box 6876 the Tha law requires that the death certificate Due to (or es e consequence of) been signed by the atta should be detached for Pert II. Other eignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records. P.O. 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? Limited has this cartificata 1 Yes 2 No ospital or Attanding Physician: The hours after death.

uneral Director: After this cardificate by filled in by the funaral director, pa Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA XXYes 2□ No Other: ${}_{4\square}$ Nursing Home ${}_{5\square}$ Residence ${}_{6}$ X Other (Specify) ${}_{5}$ C ${}_{2}$ E ${}_{1}$ 2 28e. Dete of Injury (Month, Dey Yeer) 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Natural Self in flicted Gunshot wound 281. Location (Street and Number or Ryral Route Number, City or Town, State) 5730 Penning ton Found 4-2-97 UNITHOWY 1 Yes 2.2 No 2 Accident 6 Could not be determined 3 X Suicide 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homlcide To the Hospital of within 24 hours a To the Funeral D Trailor Baltimere City, Manyland 29a. Certifier Medical complataly (Check only one) Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) O.C.M.E APRIL 02,1997 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

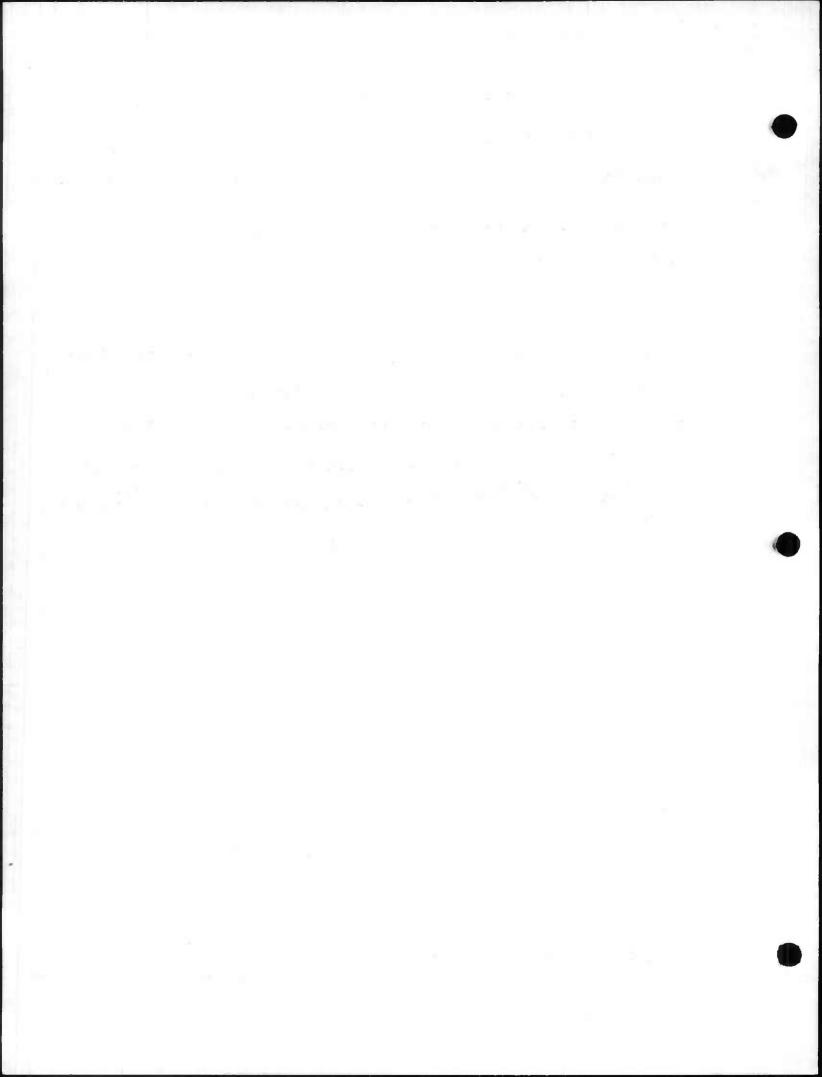
111 Penn Street, Baltimore, Maryland 21201 Ali MP Stephen S, R 31. Dete filed (Month, Dey, Yeer) Radentz, MD Yeer) 32. Registrar's Signature

State

Registrar

APR 0 3 1997

elia Davidson



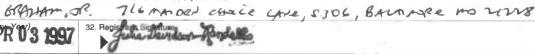
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death Physician STYLES Month /Medical 4a. Facility Name (If not institution, give street end number) 4c. County of Death 4b. City, Town, or Location of Death 4258 Flowerton Batto | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | Months | Days | Hours | Min. | 4. | Month, Day, Year | 4. | 3. | 3. | 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) 9. Birthplace (State or Foreign Country) **Funeral** 10 M 2 F 216.09.5785 Yrs. Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location Show 10d. Inside City Limits the Medical Examiner must be notified at BALTIMORE 1 Yes 2 No Director MD 28a-f 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 4258 KOAD **FLOWERTON** USA Items 23a 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Yeer or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ŏ Specify: BLACK 1 Yes 2 No Specify: by 3 Widowed 4 Divorced "natural", Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired)

OREMAN STEEL WORKE 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) WORKER SPARROWS FOREMAN 8TH GRADE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) permit. Pages 1 and 2 should be fit Department of Health and Mental H Important: If Itam 27 is marked out any injury or other traumatic even spice. Be Pages 1 end 2 should be nent of Health end Mentai STYLES BERTHA 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Addreas (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 4258 FLOWERTON ROAD BALTIMORE MD 21 aca of Disposition (Neme of Date 20c. Location - City or Town, State DAUGHTER 20b. Placa of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition 1 ☑ Burlai 2 ☐ Cremation 3 ☐ Removal from State WOODLAWN CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE, IVID 22. Name and Address of Facility
VAUGHN C. GREENE FUNERAL SERVICE
5151 BALTIMORE NATL PIKE, BALTO. MD 21. Signeture of Funerel Service Licansee 21229 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only ona cause on each line. Approximate interval Between Onset and Death **Physician** Congestive Heart failure
Due to (or as a consequence of):
Coronary Octor, Disease /Medical immediate Cause (Final disease or condition resulting in death) Examiner Examiner sician and burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last physician s the burial Box 68760, Physician/Medical Due to (or as a consequence of): P.O. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by Obstatue Ung Disease 1 ☐ Yes 2 ☐ No 3⊠ Probably 4 Unknown Records, þ Completed 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 No of Vital 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 1 Residence 6 Other (Specify) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 10 1 Yes 2 No this 27. Manner of Death 28a. Date of injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Division Affine 5 Pending investigation 1 Natural NA 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) B 4 Homicide 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piaca, and due to the cause(s) and menner stated. 曹 Withir To th 29b. Signature end title of cartifier 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar

egistrar AFR U5

CHARLES



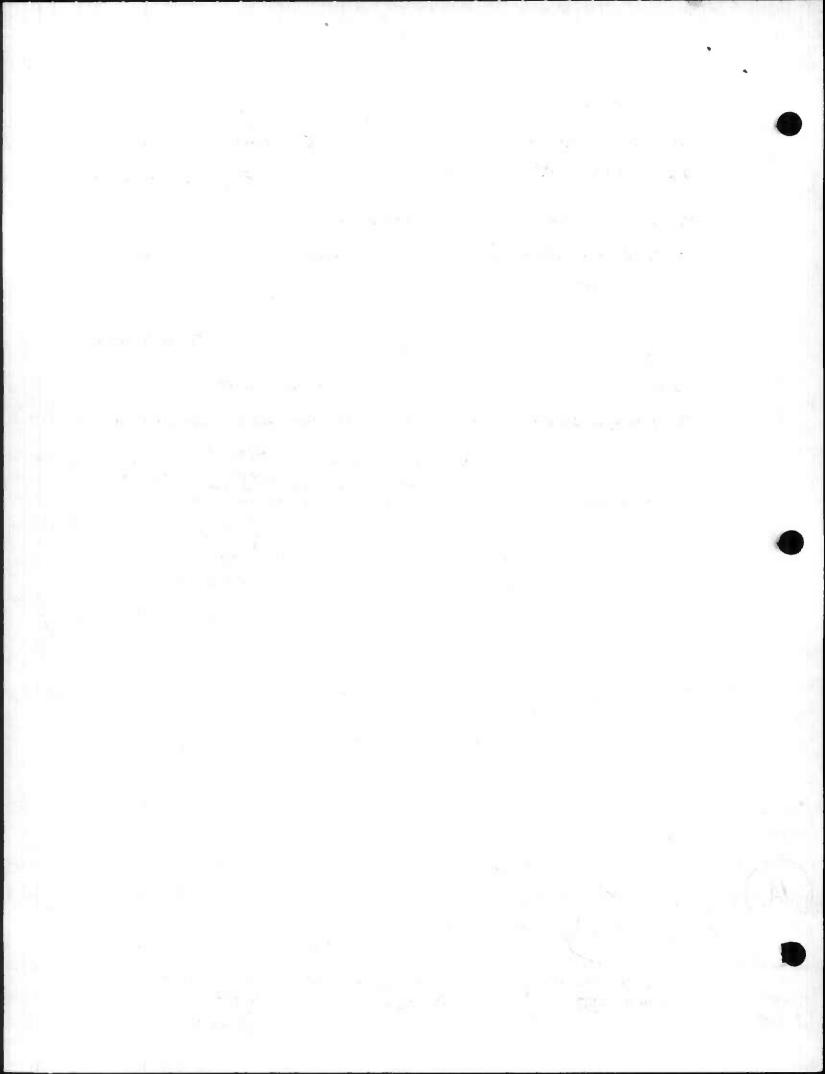
30. Name and address of person who completed cause of death (item 23a) (Type, Print)

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate of I	Death		Reg. No.		10003
	Dhusia	ian	1. Decedent's Neme (First, Middle, Last)					2. Dete of De Month	eth	Vasa	3. Time of Deeth
	Physic /Medi		MELVIN S	MITH				April	Dey /	Year 997	Q:12 AM
	Exami		4e. Fecility Name (If not institution, give s	treet end number)		4	BALFIA	ocation of Death		,	
	C		5. Sociel Security Number 6. Sex		set hirthday	If Under 1 Year	If Under 24 Hrs.			10	
	Funeral Director		215-30-1236	M 2□F 62	Yrs.	Months Deys	Hours Min.	8. Dete of Bir (Month, De	y. Yeer) 16, 1934	9. Birthp Coun Mar	lece (State or Foreign try)
7	**		Usuel Residenca of Decedent 10a. State 10b. County	10c. City	Town or Lo	ocation				11	0d. Inside City Limits
Month of	8a-f sh	Director	marylano 1/10			14 NOVE				·	1 2 Yes 2 □ No
de de la constante de la const	23a or 2		10e. Street end Number 2438 DWID PA	rle Drive		10f. Zip Code	15		10g. Citizen of V		try?
5-0020	in or itema 23a or 28a-1 show Exprend or must be notified at	y Funeral	1 Never Married 2 Married	2. Wes Decedent Ever in U,S Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give		Was Decedent of Hilf Yes, specify Cube	Ispanic Origin? (Sp n, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)		a - Americ ck, White,	etc.
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/ar	Aenta rked tic ev	To B	unk.				RUTH 5	mith			
Maryland	Ith end N 27 Is mar r trauma		19e. Informent's Name/Reletionship (Type)			ng Address (Street e					Code) A 2/2/1
baltimore,	nent of Hea int: If Item 2 iry or other		20e. Method of Disposition 1 🖾 Burial 2 🗆 Cremetion 3 🗆 Re	20b. Pla	aca of Dispo metery, cren	sition (Neme of netory or other plec	T	Data	200 Location	City on Toy	um Chaha
ומת ה	원원들.		4 Donetion 5 Other (Specify)		Zien	Comete	19	1111111	BALTIA	6/4, 1	way Cores
ם פ	Depa Impo any l		21. Signeture of Funeral Servica Licanse	В	53	Name end Address 40 REISTA	WERY C	RIGHTS 31	715		
			23a. Pert7. Enter the diseese, or complice shock, or heert feilure. List only one	etions lhet caused the deeth. e ceuse on each line.	Do not ente	er the mode of dyln	g, such es cardiac	or respiretory er	rest,		Approximete Intervel Between
4.	hysician Medical		Immediate Cause (Final	Metastatio		1m-d -1	seane				Onset end Deeth
E	xaminer		diseese or condition resulting in death) e.		es e conseq	_/_1_	searle				Q M7G
2	si.	iner	_ h	Receirant		neummin					6 mm
C, e execut	nding physician and use as the burial-transit	i Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury C.	Due to (or	es e conseq	uenca of):				1	day
Certificate be e	physic the b	edicai	thet Initiated events resulting In deeth) Lest	Due to (or e	es e consequ						
Certific	ding p	√Me	d.	Chimic 0	hsmc	the L	my di	seme			545
death							V				
) eg	achec	Physicia	Pert II. Other significent conditions control	11.	ing in the ur	nderlying cause give	on In Pert i.		N-10-11-23-121		the cause of death?
s that	aned be	by P	Kenal mass	tly portain m				10	Yes 2□ No	3 Prob	ably 4 ☑ Unknown
The law requires that the	s been signed by the ette 2 should be detached for	Completed I		<u> </u>				24a. Wes	en eutopsy med?	eve	re eutopsy findings ilable prior to appletion of cause eeth?
The la	page 2	mo						101	es 2 No		Yes 2 No
		Be C	25. Wes case referred to medical				26. Piece of Deet				107 22.10
Physician:	this ceral direc	To	exeminer? 1 ☐ Yes 2 ☑ No	spitel: 1 Inpatient 2 E	R/Outpetien	t 3 DOA Othe	NF'	ome 5 Resid		er (Specify)
Inding PI	fall and	ation:	27. Manner of Deeth 1 DNaturel 5 ☐ Pending 2 ☐ Accident Investigation	28a. Dete of injury (Month, Day Year)	8b. Time of Injury	28c. injury Work M 1 □ Y	et ? 'es 2 \(\text{No} \)	28d. Describe h	ow injury occurr	ed	
A DIE	of in by the	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - At hom building, etc. (Specify)	e, farm, stre	eet, factory, office		28f. Location (S City or Tow	itreet end Numb n, Stete)	er or Rural	Route Number,
Alder	with 24 rour To the completely filled	edical (
	with To the	Me	29b. Signeture end title of partition			29c. License	number		29d. Dete signed	(Month, D	Pey, Year)
	,		JIE1			D	30494	1	41	219-)
L	+		30. Neme end eddress of person who com	The second secon	(3e) (Type, F	Print)	thomles s	hear	Balhimm	ero	41230
Н	Sta	te	31. Detedite prograpa Cory	L. R. H. Skowy	male Ble						
	Registra	ar		0							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 10060 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3 Time of Death DWARD 4b City, Town, or Location of Deeth institution, give street end number HOSOITAL Age (In yrs. lest birthdey) Under 24 Hrs. 5. Social Security Numb 6. Sex 9. Birthplece (Stete or Foreign Months Days Virginia 15 M 2□ F 233 34 1088 73 West Yrs. 1923 Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits Maryland Anne Arundel Glen Burnie 1 ☐ Yes 2 XNo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 413 Burwood Ave. 21061 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 (XYes 2 □ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11 Marital Status 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 No Specify: White 3 XWidowed 4 □ Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Ship Maintainance Elementery/Secondery (0-12) College (1-4or 5+) Mechinist 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Surneme) Charles н. Slayton Maude Weese 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Karen V. Gillis / daughter 413 Burwood Ave., Glen Burnie, MD 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burlat 2 XCremetion 3 ☐ Removel from State Green Mount Crematory Baltimore, MD 5 ☐ Other (Specify) 4 Donetion 21. Signi 22. Name end Address of Fecility CAFA Stephen D. Lohrmann P.A. 8717 Green Pastures Dr., Baltimore, MD 21286 dunan 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Deeth tmmediete Ceuse (Final disease or condition resulting in death) PES PIRATORY FAILURE Due to (or es e consequença of) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): CANLEY ESOPHACNA CIC Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy periormed? 1 Yes 28 No 1 Yes 2 10 No

Physician /Medical Examiner

pue

Physician

Examiner

Director

Funerai

Completed by

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2

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Director

Pages 1 end 2 should be filed within 72 hours aftar death with the Maryland

21215-0020

Baltimore, Maryland

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Mourcal Examinet France or notified at

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other

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Depertment of Important: If any Injury or =

/Medicai

Physician/Medical Examiner use as the buriel-tran attanding physician us certificate has been signed by director, paga 2 should be detac ģ Completed Be Medical Certification: To by the funeral Director:

After this certificate has been

Attending Physician:

deeth

vision

The law requires that the daath certificate be executed

of Vital Records, P.O. Box 68760,

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

1 Dunpatient

28a. Dete of Injury (Month, Dey Year)

26. Plece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier

25. Wes case referred to medical exeminer?

5 Pending investigation

6 Could not be determined

1 Yes 2 No

27. Manner of Deeth

Neturel

2 Accident

3 Suicide

4 Homlcide

1. Certifying Phyelclen: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) end menner steted.

2 ☐ ER/Outpetient 3 ☐ DOA

28b. Time of

28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

Injun

29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Dey, Year)

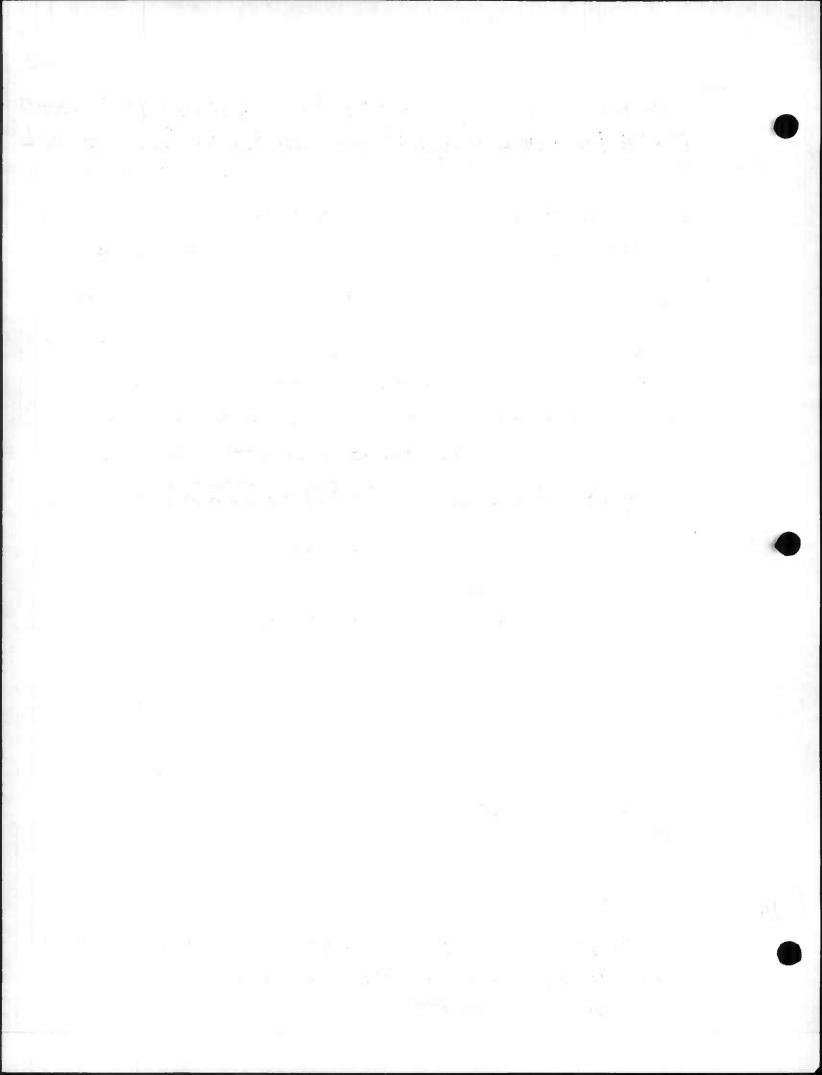
30 Name and address

mo

State Registrar

of person who completed cause of deeth (Item 23e) (Type, Print)

201 Indiana R. R. GLEN BURNIE 32. Degistrer's S



97-1442-005 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. CIP State of Maryland / Department of Health and Mental Hygiene Items: 23 part I,27,28a-f per MEO 6-746 4/11/97 reb Certificate of Death ITEM: 4a G-746 4-3-97 eoh 1. Dacedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month 29 1997 RICHARD SHIROKY MARCH 12:20P.M /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BEARBORN DR 8819 BALTIMORE If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Y. Sept. 2, 9. Birthplaca (Stata or Foraign Country) Maryland 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) **Funeral** 1XXM 2□ F Days Hours 218-02-7918 17 Director Yrs. Usual Residence of Dacedant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits show ns 23a or 28a-f short 1 Yas 2 No Baltimore Maryland Baltimore Directo 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? daath with 8819 Dearborn Drive 21236 U.S.A. Funerai 12. Was Decadant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: r than "natural", or Items the Medical Examiner to 11. Marital Status Wes Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Raca - American Indian, Black, White, atc. nit. Pagas 1 and 2 should be filed within 72 hours aftar of armant of health and Mantal Hygiana. Ordant: if Item 27 Is marked other than "netural", or ite Injury or other treumatic event, the Manical Engine 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: White þ Specify: 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantery/Secondary (0-12) Collaga (1-4or 5+) 11th grade Student High School 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Frank Howard Shiroky Monica Eleanor Masanielo 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mr. Frank H. Shiroky (father) 8819 Dearborn Drive, Baltimore, MD 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Method of Disposition
1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 20c. Location - City or Town, Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Stanislaus Cemetery 4/2/97 Baltimore. Maryland 21 Signature of Funeral Service Licenses 22. Nama and Addrass of Facility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 23a. Part1. Entar tha disaasa, or complications that caused tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, shock, or haart failura. List only ona ceusa on each lina. Approximata Intervel Batwean Onset and Deeth Physiclan /Medical Immadiata Cause (Final disaasa or condition rasulting in death) NARCOTIC INTOXICATION Examiner Due to (or es a consaquance of): Examiner physician and tha burial-transit law requires that the death cartificate be executed Sequantially list conditions, if any, leading to immadiata ceuse. Enter Undarlying Cause (Disaasa or Injury that initiated events rasulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): the attanding p 88 signed by the a Part II. Other aignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24a. Was an autopsy performed?

Completed Hospital or Attending Physician:
 24 hours aftar daath.
 Funeral Director: Aftar this cartifled ataly filled in by the funeral director. Be ပ Certification:

cartificata

24b. Ware autopsy findings availabla prior to completion of ceusa of death?

12 Yas 2 No 26. Placa of Death (Chack only ona)

1 Yas

axaminer?	lalallau	to medical
XXY as	2 No	

27. Manner of Daath 1 Natural invastigation 2 Accidant Could not be datarmined 3 Suicida

28a. Data of Injury (Month, Dey Year) found 3/29/97 28a. Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify)

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Tima of 28c. Injury at Work? A foundiury 10;13^M

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Dascribe how injury occurred 1 ☐ Yas XX No

> 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 8819 Dearborne Rd. Perry Hall, Md.

29a. Cartifiar

4 - Homicide

APR 03 1997

To the best of my knowledge, death occurred at the time, dete end plece, end due to the ceuse(s) and menner es steted.

Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and mannar statad.

29b. Signature and title of certifier

Found: Residence

29c. Licansa numbar O.C.M.E.

29d. Data signad (Month, Day, Year) MARCH 30,1997

30. Nama and addrass of person who complated cause of deeth (Item 23a) (Type, Print)

MAMSNIP N. Koleu WM, 111 Penn Street, Baltimore, Maryland 21201 31. Data filed (Month, Day, Yaar)

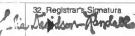
State Registrar

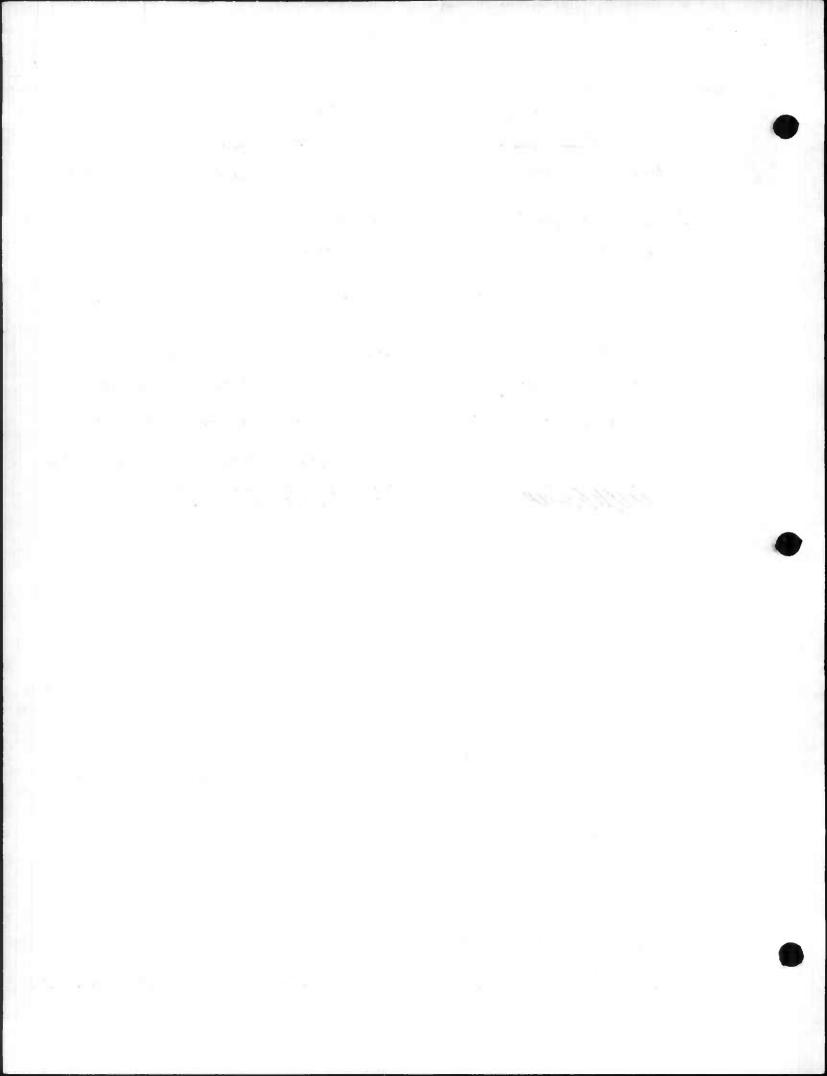
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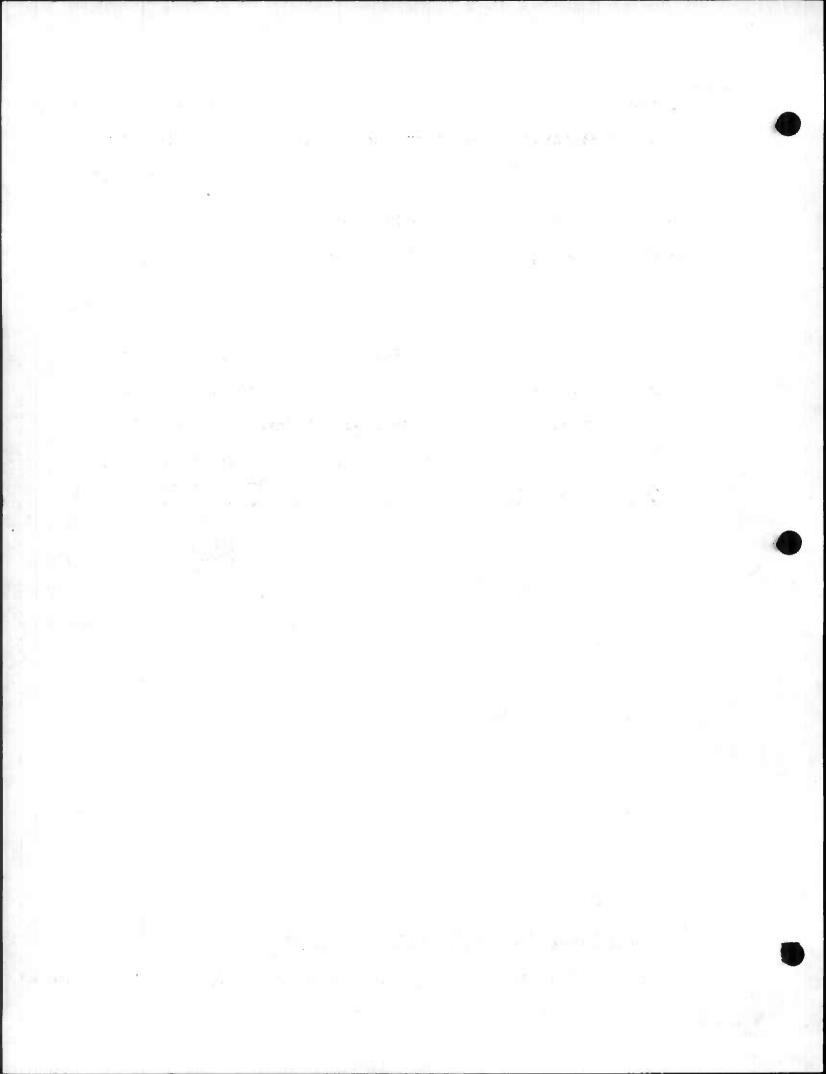


State of Maryland / Department of Health and Mental Hygiene

10062 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2 Dete of Deeth 3. Time of Deeth **Physician** Dey 14, MARCH ELLEREE THOMAS 1997 1:30 am /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE Hours Min. 8. Date of Birth (Month, Dey, Yeer) 5. Social Security Number If Under 1 Year 6 Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 KF Months Days 579-72-2377 Director 75 June 21,1921 S.C Usual Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City, Town or Location r than "natural", or itema 23a or 28a-f ahow the Medical Examiner must be notified at 10d. Inside City Limits Director Yes 2□No Washington D.C. none 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1005 Ι Street, N.E. 20002 Funeral U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) Rece - American Indian, Black, White, etc. Pages 1 end 2 should be filed within 72 hours efter nent of Health end Mental Hygiene. Yes 2 No 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify 3 Widowed 4 Divorced Black. Completed 15. Decedent's Education (Specify only highest grede completed) 18a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within Department of Health end Mental Hygiene. Important: if item 27 is merked outer than any injury or other traumatic event, in the state of the content of the Elementery/Secondary (0-12) College (1-4or 5+) 12 Homemaker Domestic 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be 2 McKnight George Dinah Toney 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Michelle Brown 1005 I St.N.E.Washington, D.C. 20002 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 ☐ Gurlal 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Md.Nat'l Mem.Pk 3/21 Laurel, Md. 21. Signeture of Funerel Service Licensee 22. Name and Address of Fecility Hunt Funeral Home 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediete Ceuse (Final an d diseese or condition resulting in death) Examiner weekp Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting in deeth) Lest Due to (or es e consequence of): reeks aspiration P.O. Box 68760 promumonia The lew requires that the death certificate be Physician/Medicai the Due to (or as e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributa to the cause of death? 1 Yas 2540 3 Probably 4 Unknown blead Records, þ 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? Completed 24a. Wes en eutopsy performed? 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: Be 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1☐ Yes 25 No 2 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA spital or Attending Physhours after death.
neral Director: After this y filled in by the funeral d After this 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) Certification: 28c. injury et Work? 28b. Time of 28d. Describe how injury occurred 5 ☐ Pending investigation 1 € Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide To the Hospital c within 24 hours at To the Funeral D completely filled i 10 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and place, end due to the cause(s) end menner steted. Medical 29a. Certifier one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 1 Deulusic MD DeMusis D50893 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)
MDEMUSIS/SUITE 203, 6565 N CHARLES ST., BALTO, NID 21200 31. Dete filed (Month, Day, Yeer) 32. Registrar's Signeture State APR 03 1997 Julia Davidson

Registrar



State of Maryland / Department of Health and Mental Hygiene

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10063

						Cer	tificate o	f Death		Reg. I	No.		
	District-	٠	1. Decedant's Nama (First, Middla, La	st)					2. Data of D	eath		Vaar	3. Tima of Death
	Physic /Medi		Evelyn Agnes V	olkert					March	31,	1997	Yeer	3:25 P.M
	Exami		4a. Facility Name (If not institution, giv	e street and number)				4b. City, Town,	or Location of Dea	ath 4	4c. County	of Death	
			Hamilton Nursing						re City		N/A		
	Funeral Director		5. Social Sacurity Number 6. S 212-03-2204 1	□M 2137 F	a (In yrs. last 34	birthday) Yrs.	Months Day		Ain. 8. Data of B Month, I June 2	lirth Day, Yaa 1,]	L912	9. Birthp Coun Mary	olece (State or Foraign otty) Land
	land		10a. Stata 10b. County		10c. City, To	own or Loc	ation					1	Od. Insida City Limits
	Many 1 sh	ğ	Maryland Baltimo	re County	Balti	more							1 ☐ Yes 2 € No
	r 28s	Director	10e. Street and Number				10f. Zip Code	í		10g. (Citizen of \	What Cour	ntry?
	h with		6118 Marglenn Ave	nue			212	06		τ	J.S.A		
0	ges 1 and 2 should be filed within 72 hours efter death with the Maryland not Health and Mental Hygiene. If I tam 27 is marked other than "natural", or Itams 23s or 28s-1 show or other treumatic svent, the Medical Examinar must be notified at	Funeral	11. Marital Status 1 □ Navar Married 2 □ Married	12. Was Decedant Armed Forcas? 1 ☐ Yas 2∑1		if	Yas, specify Cu	ıban, Maxican, P	(Specify Yas or Nuerto Rican, etc.)	lo-		e - Amaric ck, White,	
07	al', o	by	3X Widowed 4 □ Divorced	If Yas, Give Year or Datas:		1	□ Yas 2XIN	o Specify:			Specify	Whi	te
Maryland 21215-0020	72 ho	Completed	15. Decedant's Ed (Specify only highast gra		16		ant's Usual Occ	upation a during most of	working	16b.	Kind of B	usiness/inc	dustry
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7	filed w Hygier other th		10th Grade		E	Baker		T			cery		
anc	ould be fi Mental H arked oth	Be	17. Fether's Nama (First, Middle, Last)						Name (First, Middl			1	
Ž	should nd Mer marks umatic	2	Edward Unknown 19a. Informant's Name/Relationship (Oh Mailin	Address (Otro	Elizab			Fos.		0.41
S	d 2 shoth and 37 la material		Katherine E. Webs						r Aural Route Num e, Baltim				
e,	Health Health Ism 27		20a. Method of Disposition	ceryntece	20b. Place	of Dispos	ition (Nama of		Data	1	Location -		
30	Peges nent of I int: If its		1 □ Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specific				etory or other p		4/3/97				aryland
altimore,	구두루를		21. Signature of Fyneral Service Licen		Louis			-		Dal	L CLIID.	Le, P.	arytanu
ä	Depermine any Ir		Do m.	150	P	Joh	m C. M	ress of Facility	nc.				21 22 6
			23a, Parti, Euro In disease, or don	olications was censed	tha daath. D				Baltimo:		Mary.	Land	Z1ZU6 Approximate
	Physician		shock, or heart failure. List only	one come on each lin	18.	2			,				Intarval Batween Onsat and Daath
	/Medical		Immediate Cause (Finat disaasa or condition		Del	142	hale	01				İ	I week
	Examiner		rasulting in death)	a	Due to (or as	a cobsequ	ance of):		-				week month
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	certificate be asscuted nding physician and use es the buriel-transit	Examiner	Sequentially list conditions,	D	Dua to (or as	a consequ	ance of):						
80	cian d		if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C									
68760,	physi the t	edical	that initiated avants rasulting in death) Last		Dua to (or es	a consaqu	ance of):						
×	= 00	₹		d									
80	es thet the daath certifica igned by the attending pl be detached for use es t	Physician										1	
o.	0 8 2	ıysi	Part II. Other significant conditions of	ontributing to death bu	it not rasulting	g in the un	darlying causa (givan in Pert I.			V		the cause of death?
a.	thet ned b	by Pl	One	Sun	13	ror	in -	101		Yes	2/0 No	3 ∐ Prot	bably 4 Unknow
Records,	The law requires thet the ate has been signed by the paga 2 should be detache								24a. Wa			24b. Wa	ara autopsy findings
ပ္ပ	s bee	Completed							per	formed'	1	CO	allabla prior to mpletion of causa deeth?
	he lay te has aga 2	E O							1	Yas	2 No		Yes 20 No
Vital		Be C	25. Was case rafarred to madical					26. Place of	Daath (Chack only		X		3.00 20.00
	S 0 0	ToE	axaminer? 1 ☐ Yas 2 No	Hospital: 1 ☐ Inpatia	nt 2□ER/	Outpatient	3□ DOA C	ther Y	ig Homa 5 ☐ Ras		6 □Oth	ar (Specif	v)
n of	After th		27. Manner of Death 1 Netural 5 □ Pending	28a. Data of Injur	y Year) 28t	. Tima of Injury	28c. In	jury et	28d. Dascribe	how in	jury occur	rad	
Sion	ttandib death stor: Al y the fu	atic	2 ☐ Accidant investigation	The state of the s		,		☐ Yas 2 ☐ No					
Ž	afferd Direct	Certification:	3 ☐ Suicida 6 ☐ Could not be detarmined	28a. Place of Inju- building, ato	iry - At home, . (Specify)	farm, stre	et, factory, offic	е	28f. Location City or To			er or Rura	I Route Number,
	railed i		V										
	To the Hospital of within 24 hours a To the Funeral D completely filled	edical	29a. Certifiar (Check only one) Madical Exam	ysician: To the best of iner: On the basis of	axamination a	ge, daath and/or Inva	occurred at tha astigation, in my	time, date and pl opinion, daath o	aca, and dua to the courred at tha time	a causa i, date a	(s) and me and place,	enner as st end dua to	eted. tha causa(s)
	ithin (ithin or the comple	Me	29b. Signatura and title of certifier	and mannar sta	100.	-	29c. Lica	nsa number		29d. [Data signe	d (Month)	Day, Year)
	b ∃≰ ⊣		MAN	mono	4	-	D /	5410	4		7/	2/9	77
			30. Name and address of pers in who o	completed cause of the	agth (Itam 22	a) /Tuna D	rint) 1			01	- 1	- /	
			VUONO- V	u No	UYE	1	63.	31 Re	law k	01	Ka	eso	2/206
	Sta Registr	_	31. Date filed (Month, Day, Year) APR 0 3 1997	32 Ragistra	widson-	Brokell	8						

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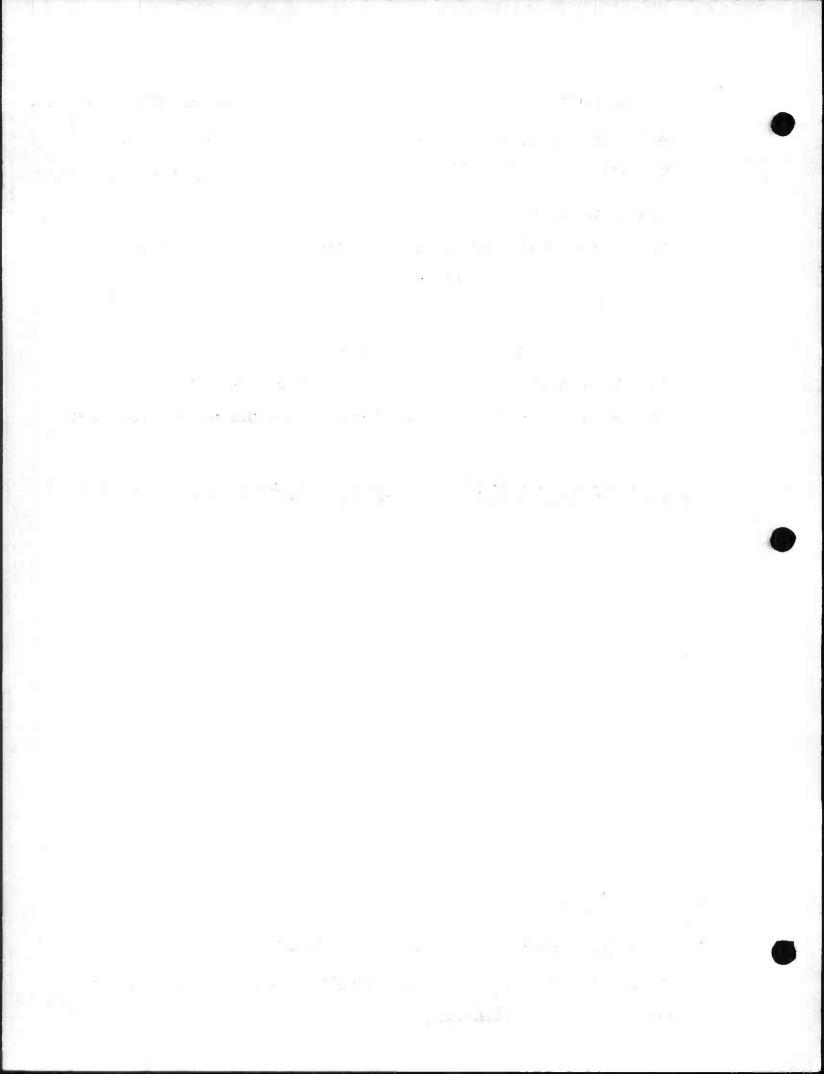
State of Maryland / Department of Health and Mental Hygiene

			-								
Physic /Medi		Decedent's Neme (First, Middle, Las MARY C. WHITE	st)					2. Dete of Month	22, Dey 19	97 Year	3. Time of Deeth 9:00 P.M
Exami		4a. Fecility Neme (If not institution, give	e street end number)				4b. City, Town,	or Location of De	eth 4c. Co	unty of Deeth	-
		204 East Joppa Ro	ad, Apartme	nt 111			DALT	imore	2 B	altimo	re
Funeral Director		217-24-7702	ex	9 yrs. lest birthi Yr	Months	Days	If Under 24 H Hours M	in. 8. Date of 1 (Month,	Birth Day, Year)	B South	place (State or Foreig intry) hCarolina
-f show fied at	tor	Usual Residence of Decedent 10a. State 10b. County Maryland Baltimo		o. City, Town o	r Location						10d. Inside City Limit
rms 23a or 28a-f show r must be notified at	al Director	10e. Street and Number 204 East Joppa R	oad, Apartm	ent 11	1 10f. Zig	1286	,		U.S.	of What Cou	intry?
"natural", or lisma 23a or 28a-f show idical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Overced	12. Was Decedent Eve Armed Forces? UI 1 Yes 2 No If Yes, Give Year or Dates:	rinu,s. nknown			lispanic Origin? an, Mexican, Pu Specify:	(Specify Yes or lerto Rican, etc.)	Date Intelligen	Race - Ameri Black, White, ecity: White	etc.
n "netur	Completed	15. Decedent's Ed (Specify only highest grad	de completed)	/6	ecedent's Usus live kind of wo le. DO NOT u	ark done	during most of w	working	16b. Kind	of Business/in	ndustry
the the	E	Elementary/Secondary (0-12) 12	College (1-4or 5+)		Registe	red	Nurse		Hes	alth	
offher ent, 1	Bec	17. Father's Name (First, Middle, Last)						lame (First, Midd			
nd Mantal marked o umatic eve	To B	Jessie Lewis McLe	endon				Myrtie	Eva Ch	adler		
D E E	-	19a. Informant's Name/Relationship (7 Carol Sue Carter/	The state of the s	Print) 19b. Mailing Address (Street and Number or Bural Rou							
If them or other		20a. Method of Disposition 1 Burial 2 Cremation 3 4 Disposition 5 Other (Specify	Removal from State	20b. Place of D		me of		Date		ion - City or T	
Departmen Important any injury once.		21. Signature of Funeral Service Licens Joseph B. Ve	see 1 1		State	Ana		ard,655		timore	Street
andag sysician Medical	Jor.	21. Signature of Funeral Service Licent	Salt Salt Salt Salt Salt Salt Salt Salt	tech so to (or as a co	State Balti enter the mod	Ana	atomy Bo	and 212	01	timore	Approximate Interval Between Onset and Death
ysician Medical aminer	al Examiner	21. Signature of Funeral Service Licent Joseph B Va 23a. Part 1. Enter the disease, or companion, or heart failure. List only of Immediate Cause (Final disease or condition resulting in death)	b. Due	Ted s to (or as a co	State Balti enter the mod acr f	e Ana more de of dyi	atomy Bo	and 212	01	timore	Approximate Interval Between
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entificate has been signed by the attending physician and Constitution of Cons	Be Completed by Physician/Medical	21. Signature of Funeral Service Licent Jose ph B Va Jose ph B Va Jose ph B Va 23a. Part 1. Enter the disease, or compshock, or heart failure. List only of Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions co	b. Due d. Parry d.	tech e to (or as a con e to (or as a con ot resulting in the	State Balti enter the mod according to the model sequence of): sequence of):	cause gh	ren in Part L	23b. Di 24a. Wi pe 3003 15	ol orrest. Id tobacco use Yes 201 es an autopsy formed? Yes 2261	e contribute t	Approximate Interval Between Onset and Death Onset and Death of the cause of death obably 4 Unknown of the cause of death?
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7401 Osler DR, Belto, Md, 21204

State Registrar

APR 03 1997



State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Physician Month 29, MARCH 1997 0318 AM **JEROD** /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner UNIVERSITY HOSPITAL BALTIMORE U/A If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Months | Deys | Hours | Min. | 8. Date of Birth (Month, Dey, 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1 2M 2□ F Deys 19-94-3278 18 Yrs. Director Maryland Usual Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits items 23s or 28s-f show ner must be notified at 1 HYSS 2 No BAHNORE Director Mary/Ams 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4713 DUNCTEST AUGNUE USB deeth Funeral Wes Decedent of Hispenic Origin? (Specity Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 14. Race - American Indian, Black, White, etc. 11. Merital Status traumatic event, the Medical Examiner filed within 72 hours efter 1 Never Married 2 Married 1 Yes 2 No if Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 6 1□ Yes 2☑No Specify: ρ Specify:-3 ☐ Widowed 4 ☐ Divorced "natural", Black 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry HE DONALDS tal Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) SHORT OF COOK 10 th grade 17. Fether's Neme (First, Middle, Last) permit. Peges 1 end 2 should be file Department of Health end Mental Hy Important: If Item 27 is marked other any liqury or other traumatic event ROBS. 18. Mother's Name (First, Middle, Meiden Sumeme) M. A. WADE THIRNTIN Hugh MARCIO A. 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) BALTIMORE, MARYLAND 21206 4713 DUNCIEST AUG Mother Marcia Mc NEIl 20b. Place of Disposition (Name of cemetery, crematory or other place) Dete 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Bunal 2 ☐ Cremetion 3 ☐ Removal from State 4/5/90 DNID RIDGE COMETERY 4/5/90 PIKESUIT

22. Nome and Address of Fecility CHATING - HATIS

340 KG/S TEISTO ON KUAD

BALLINGE, HU 21215 Pikesville 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Servica Licensee ally Hours 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical tmmediate Cause (Final disease or condition resulting in death) Examiner Due to (or es e consequence of) the buriel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting In deeth) Lest and Due to (or es e consequença of) certificate be execu physician Physician/Medicai Due to (or es e consequença of) Pert II. Other etgnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? s been signed by t should be detach 1 □ Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? Yes 2 No of Vital Physician: 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 XX es 2 □ No 1 ☐ Inpatient 2XXR/Outpetient 3 ☐ DOA After this 28b. Time of Injury 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred Certification: Division 1 Naturel 5 Pending 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 1 Yes 2 No 2 Accident investigation 28f. Location (Street and City or Town, State) 3 Suicide 6 Could not be determined Number or Rural Route Number, omicide ㅎ릙 29a. Certifio 1 Certifying Physictan: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) O.C.M.E MARCH 30, 1997 30. Neme end eddress of person

ALSA

31. Dete filed (Month, Day, Year) who completed cause of dean (item 23a) (Type, Print) Penn Street, Baltimore, Maryland 21201

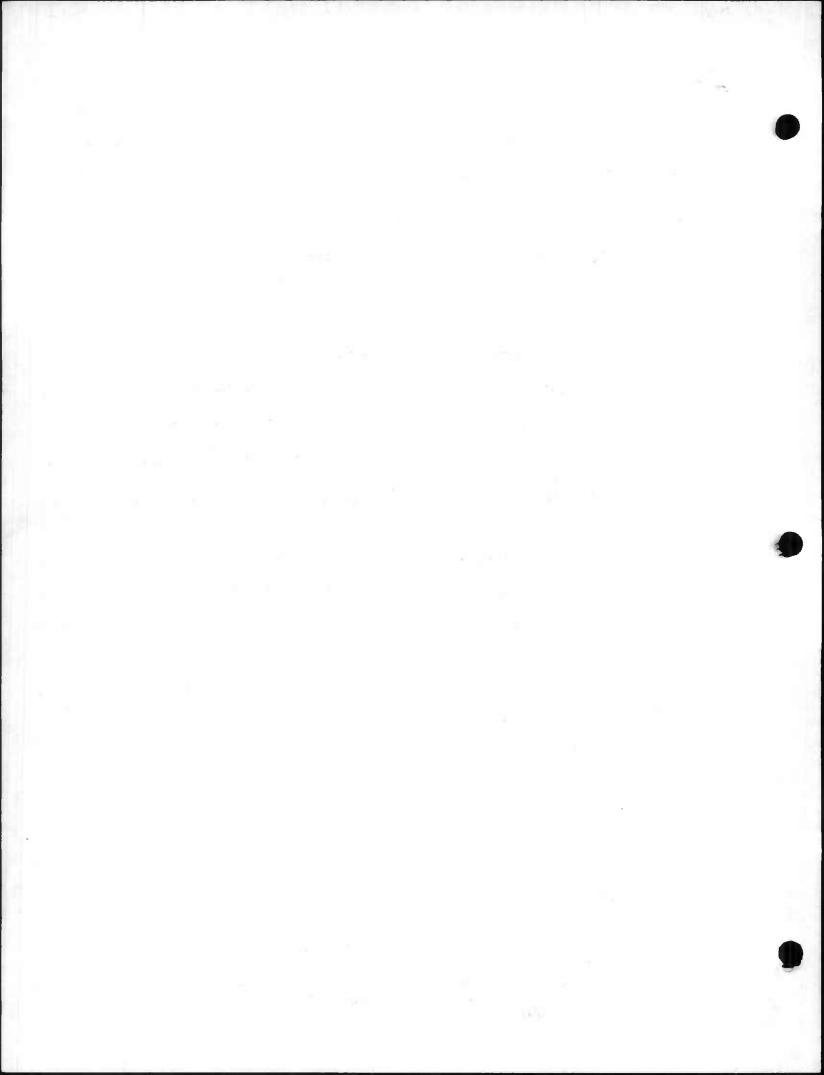
State Registrar

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State of Maryland / Department of Health and Mental Hygiene

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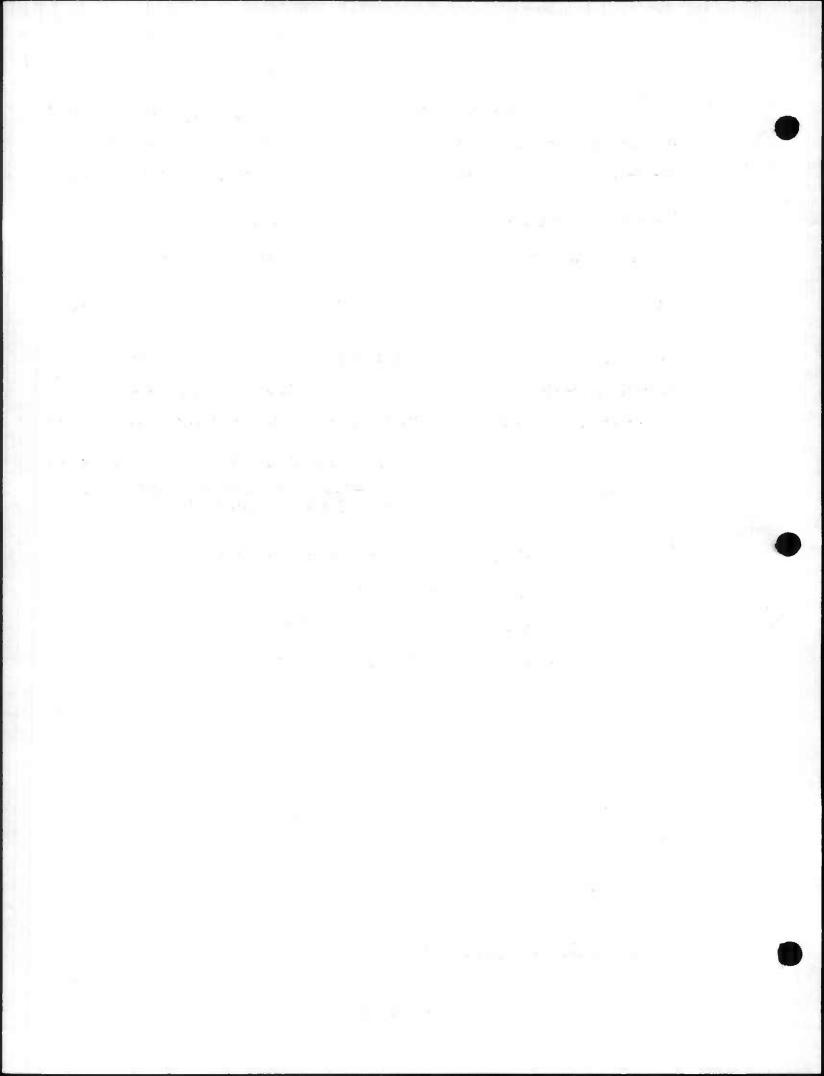
					Ce	rtificate of	f Death	F	Reg. No.		
	Dhuala		Decedent's Neme (First, Middle, La	,				2. Dete of Dee	eth Dey	Yeer	3. Time of Deeth
	Physici /Medi		Francis B. W	eber Jr.					28, 199		0315
	Examir		4e. Fecility Neme (If not institution, give	re street and number)			4b. City, Town, or L				
1			Anne Arunde	l Hospital			Annapolis	5	Anne	Arun	del
	Funeral			DM .DE	yrs. last birthday)	If Under 1 Yea Months Deys		8. Date of Birtl (Month, Day	h		elece (State or Foreign
	Director		217-10-3023	73	3 Yrs.			NOV. 2	1923	Mary	land
	and w		Usual Residence of Decedent 10e. Stete 10b. County	100	c. City, Town or Lo	ocation				1	0d. Inside City Limits
	/anyti	5									1 Ves 2 No
	28a	Director	Maryland N, 10e. Street end Number	A	bac	timore 101. Zip Code	,		10g. Citizen of V	Man Oan	^
	with o		2829 Lake Avei				1012				ntry r
	hours efter death with the Maryland ural', or Items 23a or 28s-f show at Examinal, must be notified at	Funeral	11. Marital Status	12. Was Decedent Ever	in U.S. 13		1213 Hispanic Origin? (Sp	ecify Ves or No.	U.S		can Indien.
	r Iter	F	1 ☐ Never Merried 2 💆 Married	Armed Forces? 1 ☐ Yes 2 X No		If Yes, specify Cu	Hispenic Origin? (Sp ban, Mexican, Puerto	Rican, etc.)	Bled	k, White,	
21215-0020	orrs e	by	3 Widowed 4 Divorced	If Yes, Give Year or Dates:		1□ Yes 2□ No	Specify:		Specify	wh	ite
0-10	72 hours *natural',	Completed	15. Decedent's E	ducation	16e. Deca	dent's Usuel Occi	upation		16b. Kind of Bu	usiness/Inc	dustry
218	d within 72 ho piene. r than *natur tre Medical	pie	(Specify only highest gra Elementery/Secondery (0-12)	completed) College (1-4or 5+)	(Give	kind of work done DO NOT use retir	e during most of work red)	ing			
2	e filed within all Hygiene. I other than "	NO.		1 year	Sa	lesperso	n		Car De	aler.	ship
pu	be filed tal Hygie d other	Be (17. Father's Name (First, Middle, Last,)			18. Mother's Nam	e (First, Middle,	Maiden Surnam	e)	
Na		To	Francis B. Webe	er Sr.			Camill	la Hanlo	n		
Maryland	end m m		19a. Informent's Neme/Reletionship (Type, Print)	19b. Mailin	ng Address (Stree	et end Number or Rur	ral Route Numbe	r, City or Town,	State, Zip	Code)
	1 end 2 Health em 27 I		Frances L. Weber				venue, Bal	timore,	Maryla	nd 2	1213
ore	of H of H fiter		20e. Method of Disposition 1		 Db. Place of Dispo cemetery, crer 	sition (Neme of matory or other pl	aca)	Date	20c. Location -	City or To	own, Stete
<u>E</u>	Pag ment ant: I		4 Domation 5 Other (Special		Most Hox	ly Redee	mer Cem.	4-1	Baltimo	re. I	Maryland
Baltimore,	permit. Pages 1 en Depertment of Heal Important: If Item 2 any Injury or other once.		21. Signeture of Funeral Service Lice	1690	22	Name end Add	ress of Facility R Funeral	Hama			-
ш	2015 20		(freen)	lins			hms Lane,		no Man	ulano	1 21213
	-		23a. Pert1. Enter the diseese, or conshock, or heart failure. List only	plications thet caused the	death. Do not ent	er the mode of dy	ring, such es cardiec	or respiretory an	rest,	grund	Approximete
я	Physician		SHOOK, OF HOUR TAILUTE. CIST OF	one cease on eech line.						- 1	Intervel Between Onset end Deeth
4	/Medical	Ш	Immediete Ceuse (Final disease or condition	Aniny	IC BR	DINI -	DEATH				
Ш	Examiner		resulting in death)		to (or es e consec						
F	D	iner	_	. VENTI	RICULA	AR A	PRYTHM	11A-			Hohick
	P P	Examiner	Sequentially list conditions,		to (or es e consec						10 years
8	be exe		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury	. ISCHEN	110 (CARIOI	MYOPAT	HY			10 years
98760	tificete be ig physicia as the bu	edical	thet initieted events resulting in deeth) Lest		o (or es e conseq						Jus
9 ×	ing e	Σ		d						1	
Bo		lan									
0	the d	Physician/	Pert II. Other significent conditions of	ontributing to deeth but not	resulting in the u	nderlying cause g	jiven in Pert I.	23b. Did to	obacco use cor	ntribute to	the cause of deeth?
a	het the detection	Ph	HYPERTEN	SIDN				1 🗆 Y	res 2□ No	3 ☐ Prol	bably 4@Unknown
Records,	ires the signed d be de	l by									
Ö	v require been si should	Completed	DIABETES					24e. Wes e		eve	ere eutopsy findings eileble prior to mpletion of cause
Sec	S 5 8	npi	_ 000000						/	of	deeth?
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Vital	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical exeminer?				26. Piece of Deet	h (Check only or	ne)		
	Physic this c	ဥ	1 Yes ₽ No		2 ER/Outpatier	I 3LI DUA		ome 5 Resid	enca 6 □Othe	er (Specify	y)
Ë	After Unen	lon:	27. Manner of Deeth 1 ☑ Naturel 5 ☐ Pending	28a. Dete of Injury (Month, Day Yea	r) 28b. Time of Injury	W		28d. Describe h	ow Injury occurr	ed	
Sic	death ctor: A y the f	cat	2 Accident Investigation 3 Suicide 6 Could not b	9	***		Yes 2□No	00(1 10 10	101		
Division of	or Attending effer death. Director: After In by the fune	Certification:	4 ☐ Homicide determined	28e. Placa of Injury - A building, etc. (Sp	At home, term, str pecify)	eet, factory, office	9	City or Tow		er or Hura	il Route Number,
_	pital ours eral filled		29a. Certifier 1 Certifying Ph	untalan. To the heat of mu	Impanded as death						
	Hos Fun Fun etely	edicai		ysicien: To the best of my niner: On the basis of exan end manner steted.	nination end/or In	vestigetion, in my	opinion, death occur	red et the time, d	ause(s) and me late end placa, e	nner es st end due to	the ceuse(s)
	To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: Affer this certific completely filled in by the funeral director.	Me	29b. Signature end title of certifier	Und mariner steled.		29c. Licer	nse number	2	29d. Date signed	d (Month.	Day, Year)
	- 3 - ŏ		1211	D.	117	7 -	20407		1 -	10	27
			Dan Dara L	. Dean 1	(1)	L Do	2444		3/28	1199	1
	6		30. Name end eddress of person who	Completed cause or deeth	(Rem 23e) (Type,	Com Pa	chate D	and	Anant	21.	MADILLA
	Sta	to	31. Dete filed (Month, Day, Year)	32. Registrass	ignaphre.	DY DY	Signil K	and,	Trumal	DI	2111/2/101
	Registr		APR 03	SOURCE STATE OF THE Davidson-	Madaras	_					
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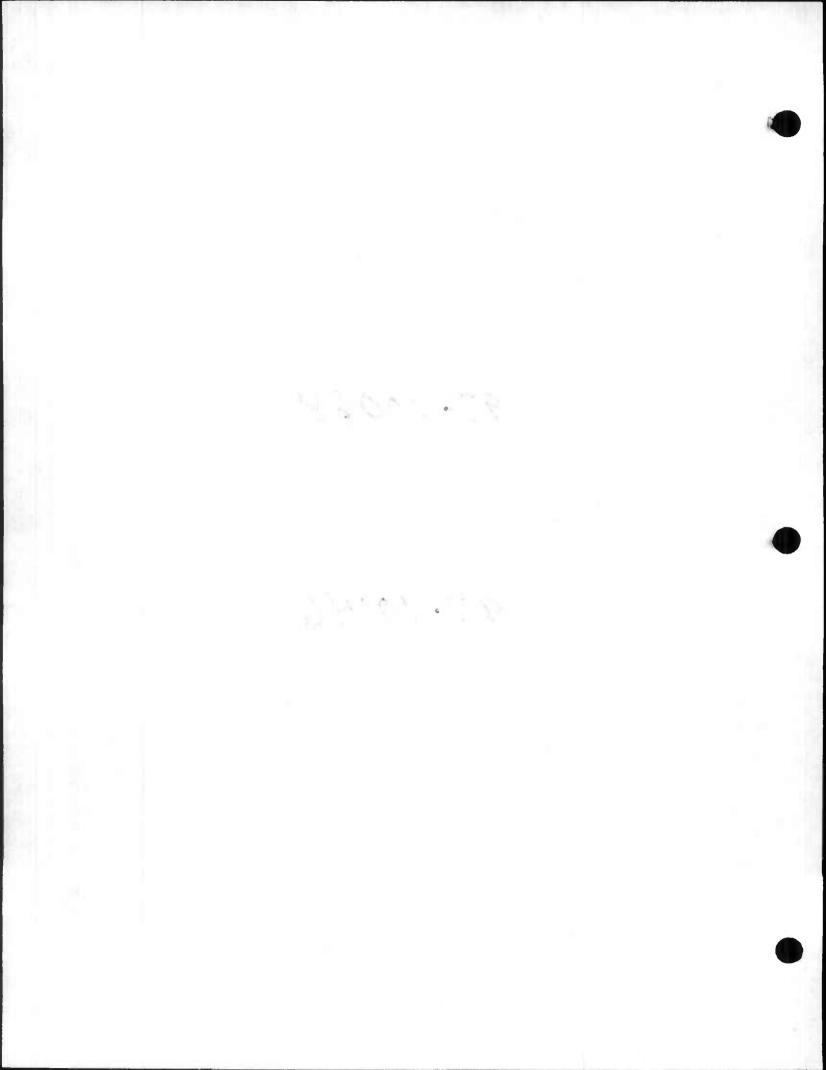
State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtiticate	of L	Death			Reg. No.		
Phys	sician	Decedent's Neme (First, Min	ddle, Last)				414				2. Dete of D Month	eeth Dey	Yeer	3. Time of Leath
	edical			Euge	nie Mar	igaret	Wineke	_ ,			April	1 1997		8:50 A
Exa	miner		41.11					4			ocation of Dea		difference a	
		Genesis Elde								ında			timor	e
Fune		5. Social Security Number	6. Sex	M 2CXF	7. Age (In yrs.	lest birthday) Yrs.	Months D	ear_ eys	If Under Hours	24 Hrs. Min.	8. Date of B (Month, D Oct. 3	irth ey, Year)	9. Birth Cou	plece (Stete or Forei
Direct	or -	212-12-6122			78	Trs.					Oct. 3	,1918		ginia
and *		Usuel Residence of Decedent 10a. Stete 10b. Cour	nty		10c. Cit	ly, Town or Le	ocation							10d. Inside City Limi
Many!	6	Maryland	Baltin	na tra					Da	vrkv.	:000			1□Yes 2℃
the 1	Director	10e. Street end Number	Succes	10,00			10f. Zip Co	de	1 4	ULICU	me	10g. Citizan of	What Cou	ntn ₁ ?
with ta or	ō		au De				101. 2.10 00	00	,	1102	,			
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fter	12	1 Naver Married 2 N		Armed Fo 1 ☐ Yes	rces?	, ,	If Yes, specify	Cuba	n, Mexical	n, Puerto	pecify Yes or No Ricen, etc.)	Ble	ck, White	
urs a	۵		ed	If Yes, Giv Year or Do	e .		1 ☐ Yes 2 ☑	No	Specify:			Specil	y:	White
72 hours after death with the Manyland natural, or items 23s or 28s-1 show	3	15. Deced	ent's Educe	etion		16e. Dece	dent's Usual C	ccupa	ation			16b. Kind of B		
	Completed	(Specify only hig Elementary/Secondary (0-12		Completed) College (1	-40r 5+)	(Give	kind of work of DO NOT use r	one d etired	<i>luring</i> mos ()	st of won	king			
be filed within ntel Hygiene.	Į,	12 Years	.,	Comego (1	401 01)	Se	cretari	1				Cle	erica	l
42 should be filed h and Mentel Hygins 7 is marked other traumatic event.	Be		le, Last)						18. Moth	er's Nam	ıе (First, Middle	e, Maiden Sumar	ne)	
should be end Mentel s marked o	ှင့	Charles Color	nbain						Clo	vra		Not Know	vn	
d 2 should th end Mer 7 Is marke traumatic		19e. Informent's Name/Raletic	. ,				_					ber, City or Town		
6 = 8 -		Frederick E.	Winel	ke/Son					on Dr	ive	Balti	more, Mo	vryla	nd 21236
Set		20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetic	a 2 □ Ba	movel from		Place of Disponentery, cre	osition (Neme metory or othe	of r plec	e)		Deta	20c. Location	- City or T	own, Stete
Peges nent of I		4 Donetion 5 Othar		movei from :	Sai	cred H	t. of -	les	us Ce	im.	4/3/97	Dunde	ilk.	Maryland
permit. Pege Department of Important: If any Injury or	ouce.	21. Signature of Funeral Servi	ce Licensee	i)		2	2. Name end A	ddres	s of Fecili	ty				
2 22 5	a	Scort	00	9			vuda~Ku	CR	tune	ral	Home o	6 Dundat	ck, I	
		23a. Part1. Enter the disease, shock, or heert feilura. L	or complica	ations thet c	aused the deet	h. Do not en	ter the mode o	dyin	g, such es	cardiac	or respiretory	errest,	ia z	1222 Approximete
Physicia	an	Shook, of fleet felicia. L												Intervel Between Onset end Death
/Medic	_	Immediete Ceusa (Final disease or condition		KEI	,, DP	ENT	ACP	102	ATIK	M	YNE	MON	IA	
Examin	er	resulting in death)	Θ.	1.00		or as e conse		, ,	./ / [0		11761	XIII		
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beaxecuted sician am	Examiner	Sequentially list conditions,	В.		Due to (c	or es a conse	quence of):							
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. 0 00	Physician	Pert II. Other eignificent cond	tions contr	ibuting to de	ath but not ras	ulting in the u	nderlying ceus	e give	en in Pert				ontribute t	to the cause of deat
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ires that signed to d be deti	þ								-				T	
v requires been sign should be) je											s an eutopsy formed?	6/	/ere eutopsy findings veileble prior to ompletion of ceuse
e law hes b	Completed								-			/		deeth?
The la	ပ်										1 🗆	Yes 20 No	1	☐ Yes 2☐ No
Physician: The this certificate ral director, pag	Be	25. Wes case referred to medi axaminer?							26. Plec	Daa	th (Check only	one)		
Physician: The law requires the certificate has been signed rail director, page 2 should be considered.	ှင	1 ☐ Yes 2 ☐ M6	Но	spitel: 1 🗆 i	npatient 2	ER/Outpatie	nt 3□ DOA	Othe	FE 4EN	ursing H	ome 5 🗆 Res	idence 6 🗆 Oti	har (Speci	ify)
ding P. After t	Ë	27. Manner of Deeth 1 Natural 5 □ Pan	ding	28a. Dete of (Montal	of Injury h, Day Yeer)	28b. Tima o Injury	f 28c.	Injury Work	et c?		28d. Describe	how injury occu	rred	
l or Attanding efter death. Director: After d in by the fune	cati	2 Accident inve	stigetion				М	10	Yes 2□	No				
or Attand efter death Director:/	Certification:		minad	28a. Plece buildir	of Injury - At he ng, etc. (Spacif	oma, farm, sti	reet, factory, of	fice				(Street and Num. own, Stete)	ber or Rur	al Route Number,
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To the Hospital or Attanding I within 24 hours efter death. To the Funeral Director: After completely filled in by the funer	edicai	29a. Cartifiar 1 Cartiff (Check only 2 Medic	ying Physic ai Exemine	r: On the ba	sis of examine	wiadga, daat tion end/or in	h occurred et ti vastigation, In	ne tim my op	a, data en olnion, dec	d place, th occur	and due to the red et the tima	ceusa(s) and m , data and place,	annar as s	statad. to the causa(s)
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VOID
CERTIFICATE M
97-10068
CERTIFICATE M
97-10146



State of Maryland / Department of Health and Mental Hygiene

97 10069

Item :	23ь	per PHY Film G746 4-	9-97 rja		Certifica	ate of	Death	R	eg. No.	7 1	10005
Dhamia	:	1. Decedent's Neme (First, Middla, L	ast)					2. Dete of Deal	_	Voor	3. Time of Death
Physic /Medi		Robert Lee	Wanzie					April		997	11:35 P.M
Exami		4e. Fecility Neme (If not institution, gi	va street and numbar)				4b. City, Town, or	Location of Deeth	4c. County	y of Death	
		303 Maiden Choice	Lane				Catonsv	ille	Ba	ltimo	ore
Funeral	Г	5. Social Security Number 6. 207-32-6244	Sex 7. Age	(In yrs. last birt	thday) If Un Month	der 1 Year na Days	if Under 24 Hrs Hours Min		Year)	9. Birthp	plece (Stata or Foreign
Director		Usuel Residence of Decedent		55	115.			Oct. II	,1941	Penn	Sýlvania
and and		10a. Stete 10b. County		10c. City, Town	or Location					T.	10d. Inside City Limits
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28a	Director	Maryland Baltim 10e. Street end Number	ore	Cal	tonsvi]						Λ
with w					101.	Zip Coda		1	0g. Citizen of		ntry?
s 23	rai	303 Maiden Choice	T			21228			U.S		
item Per de	Funeral	11. Marital Stetus	12. Was Decadent Ev Armed Forces?		if Yas, s	pecify Cub	Hispenic Origin? (S an, Mexican, Puer	Specify Yas or No- rto Rican, atc.)		ce - Americ ick, Whita,	
permit. Pages 1 end 2 should be filed within 72 hours after death with the Manyland Depertment of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any follury or other traumatic event, the Medical Examiner must be multipled at Sonce.	by F	1 ☐ Never Merried 2 ☐ Marriad 3 ☐ Widowed 4 ☒ Divorced	1 Yas 2 No If Yes, Give Yaar or Dates:)	1 ☐ Yes	⊉ OXNo	Specify:		Specif	y: Wh	ite
tura		15. Decedent's E		160	Decedent's U	eust Ossu	petion		16b. Kind of B		
in 72	Completed	(Specify only highast gi	ada complated)	104.	(Giva kind of	work dona Tusa retire	during most of wo	orking	100. Kind of b	usiness/in	idustry
with ene. than	Ĕ	Elementary/Secondary (0-12)	College (1-4or 5+				-,		.1.2	D.	J 1 DJ
Hyg ther mt,	Ö	17. Fether's Name (First, Middla, Las	2	A	ccounta	1111	18. Mother's Na	ma (First, Middla, I			deral Fina
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M Me	2	19a. Informant's Neme/Relationship		196	Mailing Addr	acc /Straat		Tide Italiii Tural Routa Number		State 74	n Code)
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Heal Heal am 2		Lisa Wanzie (Dau	gnter)	20b. Placa of	Disposition (f	Vama of		Catonsvi	IIE, Ma 20c. Location		
ages nt of . If it		1 ☑ Burlal 2 ☐ Cremation 3 [cematar	y, cramatory o	or othar pia	,				
tme tant		4 Donation 5 Other (Speci		Crestla				5,1997 M	arriot	tsvil	le, maryla
Dependence on the contract of		21. Signature of Funerel Sarvice Lice	nsee				ess of Facility	no of Cat	onevil'	10 T	ne
00 = 8 O		Robert Sugar	Buch		1630 H	Edmon	dson Aver	nue Caton	sville	. Mar	nc. yland 2122
		23e. Pert1. Enter the disease, or on shock, or heart failure. List only	plications that causad to	ha daath. Do n	ot antar tha m	node of dyi	ng, such as cerdia	c or respiretory arm	est,		Approximate Intervel Between
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trans	Examiner	Sequentially list conditions,	D	ue to (or as e c	onsequence	of):				i	
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ires met the death certificete be executed to the signed by the ettending physician and doe detached for use as the buriel-transit	Physician/		u		-						
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ordeath. ector: After this certificate he by the funeral director, page	Be (25. Was case referred to medical examiner?					26. Plece of De	eth (Check only on	a)		
dire ce	일	1 ☐ Yes 212 No	Hospital: 1 Inpatient	2□ER/Out	tpatient 3	DOA Oth	her: 4 Nursing I	Home 5 Reside	nca 6 □Ott	ner (Specil	fy)
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ath. f: Aff	atic	1 Naturet 5 ☐ Pending 2 ☐ Accident Investigation			М		Yes 2 No				
efter death. Director: After the in by the funera	tiffe	3 Suicide 6 Could not be determined	286. Piece of injur	y - At home, far	m, street, fact	tory, office		28f. Location (St City or Town	reet and Numi	ber or Run	al Routa Numbar,
s efte	Certification:		building, etc.	(Specify)				Ony or Town	., Jiulu)		
within 24 hours of To the Funeral Di		29a. Certifier Certifying Pl	nysician: To the best of	my knowledge,	death occurr	ed et the ti	me, date and place	a, and due to the co	ause(s) end m	anner es s	steted.
in 24 he Fi	edicai	one) *2 Medical Exa	niner: On the basis of e and manner stets	admination and	vor investigeti	on, in my o	pinion, deeth occi	urred at the time, d	ere end placa,	and due to	o me cause(s)
To To	Σ	29b. Signetura and title of certifier	/ //	1		29c. Licens			9d. Date signe		
		Des 2	maly W			D	1858+	4	PRIL	7	1997
10		30. Name engraddress of person who	completed cause of dea	ith (Item 23e) (Type, Print)			TIMOR	, , , , ,		1111
1		May land	masu	900 /	ATAN)	Ans	Ba	TTIMAR	5 M	D :	21279
Ste	ite	31. Date filed (Month Day, Year)	32. Registrac	s Signature	7,010	11-2	'011	01/10/01	- /		
Sta Registr		APR 0 3 199		avidson-h	andelle						

					State of	f Marylar				Health and Market for the first firs	Mental Hy		97	10070	
	4		1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death												
	Physic /Medi		Lisa		tayes	U	silli.	am.	5		Month Dev Veer			12:10 M	
	Exami		4e. Fecility Name (If n	ot institution, giv	e street and nun	nber)				4b. City, Town, or Location of Deeth 4c. County of Dee				th	
			THE JOHNS	HOPKIN	S HOSPI	CAL				BALTIMORE	CITY	N/A			
	Funeral Director	Г	5. Social Security Num 216-96-2	5. Social Security Number 6. Sex			7. Age (In yrs. last birthday) 7. Age (In yrs. last birthday) Months Months Dey			rs Hours Min. (Month, Day, Year)				thplace (State or Foreign ountry)	
			Usual Residence of D			33					UULY	10,196	JWAS	SHINGTON D	
	Maryland -f show	tor		Ob. County	GEORGE:		ty, Town o							10d. Inside City Llmits 1 ☐ Yes 2√ No	
4	h the	Director	10e. Street end Numb					1	of. Zip Code		10g. C		Citizen of What Country?		
	23e c		14840 FIRESIDE DRIVE					20905				U.S.A	U.S.A.		
d 21215-0020 filed within 72 hours after death with the Mandand	deat	Funeral	11. Meritel Status		12. Wes Decedent Ever in U,S. Armed Forces?		,S.	13. Wes Decedent of Hispanic Origin? (S If Yes, specify Cuben, Mexican, Puer		Hispanic Origin? (Sp	pecify Yes or No	- 14. R	14. Reca - American Indian, Bleck, White, etc.		
	be filed within 72 hours efter death with the Manylan lat hygiene. d other than "netural", or items 23e or 28a-f show event, the Medical Examener must be notified at	by		1 Never Married Married 3 Widowed 4 Divorced		1 ☐ Yes 2 ☑ No			1 ☐ Yes 2 No Specify:		Hicari, etc.)	Specific		LACK	
	72 ho	ete	15. Decedent's Ed (Specify only highest grad Elementary/Secondary (0-12)				16a. D	a. Decedent's Usuel Occupetion (Give kind of work done during mos life. DO NOT use retired)		petion		16b. Kind of Business/		Industry	
	ithin le.	Completed				College (1-4or 5+)									
	filed wi Hygien other th	S			5+		New	Busi	ness	Developme:		AT&T			
Maryland	d be fill ental H ced oth	To Be	17. Fether's Neme (Fi)					18. Mother's Nam EMILY S		, Maiden Sum	ame)		
2	should by nd Menta marked umatic ev	Ĕ	19a. Informant's Nem		Type, Print)		19b. N	Mailing Ad	Idress (Stre	et and Number or Ru		er. City or Tox	m. State.	Zip Code)	
altimore, Ma	Pages 1 and 2 sent of Heelth ar nt: If item 27 Is Iry or other trau		CURTIS WILLIAMS (HUSBAND) 14840 FIRESIDE DRIVE SILVER SPRING MD 20905 20a. Method of Disposition 1 Burial 2 Cremation 3 Removel from State 4 Donetion 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, crematory or other place) COLUMBIA MEM.PARK APR. 2, 1997 Columbia, Maryland												
a	permit. Pag Department Important: I eny Injury o	10	21. Signature of Funeral Service Licensee 22. Name and Address of Fecility												
m	Par a		FI	In l	Dith	D		WIT	KE F	UNERAL H	IOME,	INC. C	FCC	DLUMBIA MD 21045	
		Г	23a. Pert1. Enter the shock, or heart f	disease for com	plications that ca	aused ine deat		555! enter the					BIA	Approximete Intervel Between	
	Physician /Medical		Immediete Ceuse (Fi								Onset end Death				
	Examiner		disease or condition resulting in death)		a. JSCV	remic	MIM	nyt	o bou	vel, liver,	Ridney	s, panc	19 days		
		ner			1	Due to (F es a cor	nsequenc	20 OT):	C Average	11000			14 days	
	be executed bigo and burial-transit	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter I Index high								1100003				
90	Bexel intal-t	E													
9/8		dical													
9 ×		Mec													
ROX	eath certific attending p	lan/			d										
	res thet the designed by the a	Physiclan/Me	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Pert I.												
ر ت	thet page by deta	by Pr	Adult respiratory distriss syndrome, 1 Yes 2 No 3 Pr Venal failure 24e. Wes en eutopsy performed?							robably 4 Unknown					
200	n sign	D D	24e. Wes en eutopsy 24b. V							Were autopsy findings					
Vital Records, P.O	w require been si should	Completed	venal failure							performed?			eveilable prior to completion of cause of deeth?		
	nysician: The law his certificate hes b i director, page 2 s	шо								1 ☐ Yes 2 XNo					
			25. Wes case referred	to medical						26 Place of Dec				TE TOS ZUA NO	
>	sicia s cert direct	o Be	exeminer?								noith)				
0	Phy eral c	ii.	The state of the s							Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred No			ecny)		
0	leath. loath. lor: After the funer	atlo													
DIVISION	fter d irect	Certification:							n <i>ber</i> or A	r or Rural Route Number,					
_	plts ours filled		29a. Certifier	Certifying Ph	ysicien: To the I	best of my kno	wledge, d	eeth occ	urred et the	time, dete and pleca,	and due to the	cause(s) and	menner e	s steted.	
	thin 24 hos the Fun mpletely	edical	(Check only 2[one)	☐ Medical Exam	niner: On the be and menn	sis of exemina	tion end/o	r Investig	ation, In my	opinion, deeth occur	red et the time,	dete end plac	e, end du	e to the ceuse(s)	
	# E # E	Σ	29b. Signature end titl	e of certifier					29c 1 col	nse number		29d Dete sin	ned /Mon	th Day Veer)	

To the Hospital or Attenwithin 24 hours effer deat To the Funeral Director: completely filled in by the

29b. Signature end title of certifier

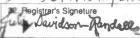
29d. Dete signed (Month, Day, Year) 29c. License number

RES-000

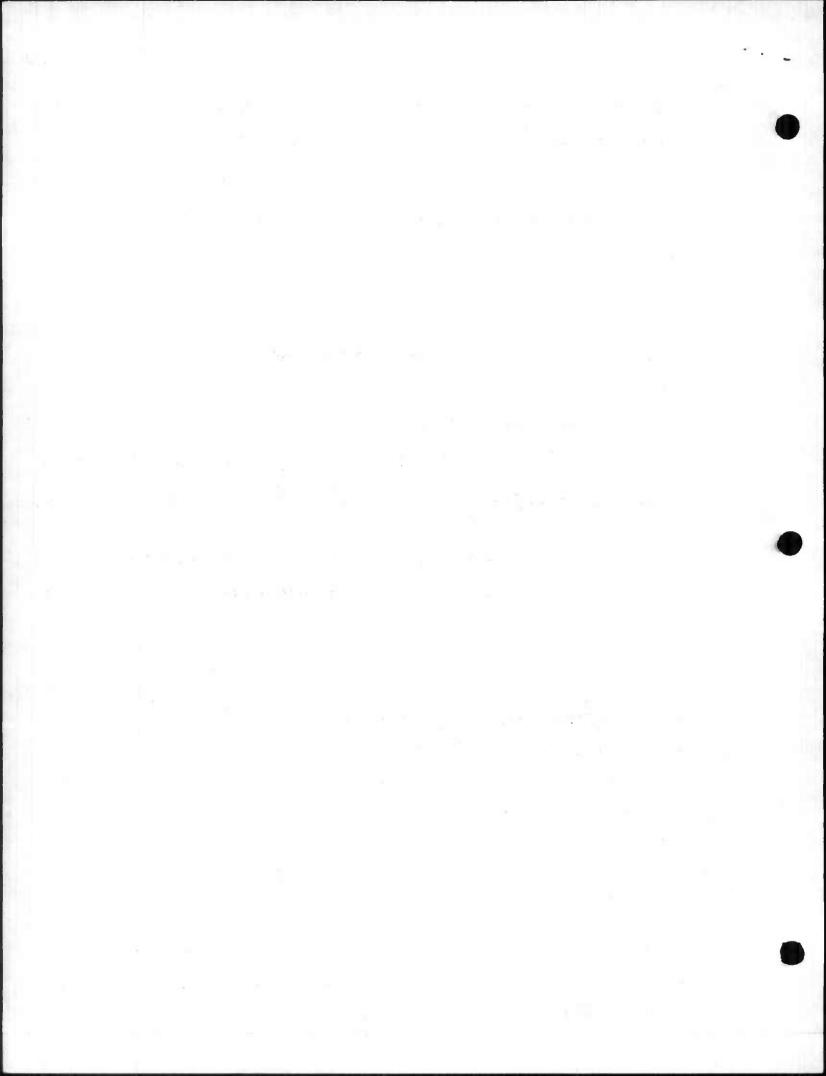
who completed cause of deeth (Item 23e) (Type, Print)

Johns Hopkins Hospital 600 North Wolfe Street Ballimore Maryland 21287

State Registrar

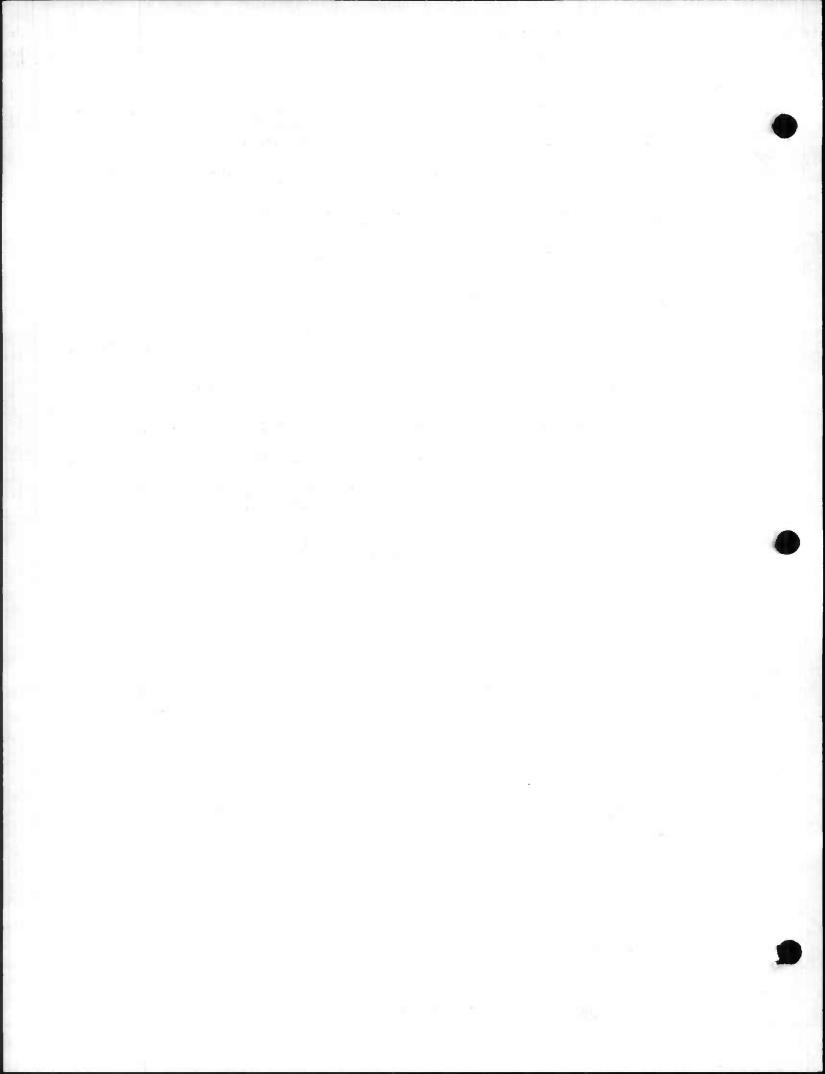


MD



State of Maryland / Department of Health and Mental Hygiene 97

an al er	1. Decedent's Neme (First, Middle, Last HENRY STANLEY WE 4e. Fecility Neme (If not institution, give 6605 0 DONNELL S 5. Sociel Security Number 6. S	GROCKI street end number)				N	P. Dete of Dec Month	29. 199	Yeer 97		of Deeth
al	4e. Fecility Neme (If not institution, give 6605 0 DONNELL S 5. Sociel Security Number 6.5	street end number)		T.			IARCH	29, 199		1:	./
	6605 O'DONNELL S 5. Social Security Number 6. S)		17							15 pm
	5. Sociel Security Number 6. S	TREET				4b. City, To	WII, OF LOCA	tion of Deeth	4c. County	of Death		-
	5. Sociel Security Number 6. S					RAIT	IMORE			CITY		
	4	ex. 7. A	ge (In yrs. lest bi		Inder 1 Year			Dete of Birt	b	9. Birthol	lace (Stete	or Forei
	215-05-4685	M 2□ F		Months Dave House			Min	(Month, Dey, Year) APRIL 1, 1916		MARYLAND		
	Usual Residence of Decedent								PHATE L	-////		
	10a. Stete 10b. County		10c. City, Tov	n or Location				-		10	0d. fnside	City Limi
ō	MARYLAND CITY		BA	LTIMOR	E CITY	/					XXXY	s 2 N
Director	10e. Street end Number				f. Zip Code				10g. Citizen of	What Count	try?	
6605 O"DONNELL STREET 21224 U.S.A.												
Funeral			Secreta M.O.	40 141- 5			. 0.40					
5	11. Mantal Stetus	12. Wes Decedent Ever in U,S. Armed Forces? 1 X Yes 2 D No If Yes, Give 1941 – 194 Year or Detes:		If Yes specify Cuben Mexical			Hispanic Origin? (Specify Yes or No- pen, Mexican, Puerto Rican, etc.) Specify:		0- 14. Raca - Amer Bleck, White			
by F	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced								Specify: WHITE			
ete	15. Decadent's Ed (Specify only highest gra	ucation de co <i>mpleted)</i>	168	. Decedent's (Give kind of	Usuel Occup work done	pation during most	t of working		16b. Kind of B	usiness/Ind	lustry	
문	Elementary/Secondary (0-12)	College (1-4or		life. DO NOT use retired)						CTAL SECUDITY		
S	12			ELECT	KICIAN	1			JUCIAL	SLCU	IKLIY	
Be	17. Fether's Neme (First, Middle, Last)		1			18. Mother's Neme (First, Middle,			Meiden Sumer	ne)		
2	KOMAN WEGROCKI			MARY UNKNOW					UN			
	19e. Informent's Name/Relationship (7	ype, Print)	19	b. Mailing Add	dress (Street	end Numbe	er or Rural	Route Numbe	er, City or Town	Stete, Zip	Code)	
	HENRY J. WEGROCKT	/ SON	6	41 9	NFOKTO	K CTD	FFT	RAITT	MODE	n 210	201	
	20a. Method of Disposition		20b. Plece of	of Disposition	(Neme of			Dete	20c. Location	City or To	wn, Stete	
	1√ Burial 2 ☐ Cremation 3 ☐	Removel from State	SACRF1	ny, cremetory DHFAR	rorotherpia TOFT	ce) FSIIS	Anni					AND
-									DALLIMO	KL, M	NN) LI	TIVU
	21. Signeture of Furieral Servica Lican.	See .	, ,					FIINED	AI HOME			
	Catherene M. Seeler 700 S. CONKLING STREET RAITIMORE MD 21221											
	23a. Pert1. Enter the disease, or comp	plications that cause	d the deeth. Do	not enter the	mode of dyi	ng, such es	cardiac or	respiretory er	rest,	,	Approxim	ete
	,										Onset en	Deeth
Immediate Cause (Final												
	resulting in death)	e. TIMOTIME				cei				- 1	Jea	
ē			Due 10 (01 63 6	consequence	01).					- 1		
힘		b	Due to for on a		, , , , ,					1		
X	if eny, leading to Immediate		consequence	is resident of the					1			
<u>e</u>	Cause (Diseese or Injury							-				
큣	resulting in deeth) Lest	of):					1					
₹	d											
ie l												
S	Pert II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use								obacco use co	contribute to the cause of deeth		
								Yes 25 No	es 25√No 3⊡ Probably 4⊡ Unkno			
P S				_								
ह										eve	ellable prio	r to
pie												cause
E								101	(es 2) No			No
	25. Was case referred to medical					00 Bi	of December				1165 2	20 140
	examiner?	Hospitel:			Oth	aer.						
	TES ZIANO	1 L Inpati		LENVOutpetient 3L DOA 4L Nursing Home 5 B-Residence 6 Lit							1)	
0	1 Naturel 5 ☐ Pending	(Month, Da										
cat	Z II MODIONIII		M 1 □ Yes 2 □ No									
Ě	4 Homicide determined	286. Pieca of injury - At nome, farm, street, factory, office						28f. Location (Street end Number or Rural Route Number, City or Town, Stete)				
Ç			(,									
	29a. Certifier PS Certifying Phy	sicien: To the best	of my knowledge	e, deeth occu	rred et the tie	me, date en	d plece, en	d due to the	ceuse(s) end m	enner es st	eted.	
8	one) 2 Medical Exam	end manner st	ated.	d/or investiga	ation, in my o	pinion, deel	th occurred	et the time,	dete end plece,	end due to	the cause	(s)
Σ	29b. Signeture end title of cartifier				29c. Licens	se number		29d. Date signed (Month, Dey,			Dey, Year	
	Well Xul-				~ 3	8406			3/3/19	7		
-	20 Name and address of	ampleted as	donth //t co :	(Tune Peter)	· · · · · · · ·	10101				-		_
				/	LIL		.1	2 1224				
	31. Date filed (Month, Day, Year)	The State of the S	rars Signature	2 (ンコー	2	. ~	-1007				
And Conditional To De Commission In Principle Man 11 . P	edical Certification: To Be Completed by Physician/Medical Examiner	15. Decadent's Ed (Specify only highest grain 12 12 12 12 12 13. Fether's Neme (First, Middle, Last) 17. Fether's Neme (First, Middle, Last) 18. Informent's Name/Relationship (7 HENRY J. WEGROCKI 19. Informent's Name/Relationship (7 HENRY J. WEGROCKI 20. Method of Disposition 1	Sequentielly list conditions shock, or heart failure. List only one cause or condition resulting in death) Sequentielly list conditions are cause. Enter Underlying Cause (Disease or Injury that intileted events resulting in death) Lest Pert II. Other eignificent conditions contributing to death the conditions of Content o	15. Decadent's Education 168 168 168 169 1	15. Decadent's Education 16a. Decedents (Give kind of life. Do Not 172 172 172 174 174 174 175	15. Decadent's Education 16a. Decedent's Usuel Occupant 16a.	15. Decadent's Education 16a. Decedent's Usuel Occupation 16a. Decedent's Usuel	15. Decadent's Education 16a. Decedent's Usuel Occupation (Give king of work done during most of working Elementary/Secondary (Give king of work done during most of working Elementary/Secondary (Give king of work done during most of working Elementary/Secondary (Give king of work done during most of working Elementary/Secondary (Give king of work done during most of working Elementary/Secondary (Give king of work done during most of working Elementary/Secondary (Give king of work done during most of working Elementary/Secondary (Give king of work done during most of working Elementary/Secondary (Give king of work done during most of working Elementary/Secondary (Give king of work done during most of working Elementary/Secondary (Give king of work done during most of working Elementary) and the elementary of the elementary of the elementary of the elementary of the elementary of the elementary of the elementary of the elementary of the elementary of the elementary of the elementary of the elementary of elementary of the	15. Decadent's Education (Speedy only highest grade competed) (Speedy only only highest grade competed only highest grade grade grade grade grade) (Speedy only highest grade grade) (Speedy only highest grade grade) (Speedy only highest grade) (Speedy only highest grade) (Speedy only highest grade grade) (Speedy only highest grade) (Speedy only highest grade) (Speedy only highest grade) (Speedy only highest grade) (Speedy only highest grade) (Speedy only highest grade) (Speedy only highest grade) (Speedy only highest grade) (Speedy only highest grade) (Speedy only highest grade) (Speedy only highest grade) (Speedy only highest grade) (Speedy only highest grade) (Speedy only highest grade) (Speed only highest grade) (Speed only highest grade) (Speed only highest grade) (Speed only highest grade) (Speed only highest grade) (Speed only highest grade) (Speed only highest grade) (Speed only highest grade) (Speed only highest grade) (Speed only highest grade) (16a. Decedent's Usuel Occupation 16b. Kind of B 16b	16. Decederts Education 16. Kind of BusinessAnd 16. Kind of Busi	16a. Develority Exclusion 16b. Kind of Business/Industry 16b



State of Maryland / Department of Health and Mental Hygiene

10072

						Cer	tificate of	Death		Reg. No.	21	10012		
			1. Decedent's Neme (First, Middle, L.	ast)					2. Dete of Deeth 3. Time of Deeth					
	Physic /Med		RUTH YOLKEN	1					MARC	Dey 14 21 (4	Yeer 797	18:35		
	Exami		4e. Fecility Neme (If not institution, gi	ve street end n	um <i>ber)</i>			4b. City, Town, or						
A .			SINAL HOSPITAL OF BALTIMO				DRE BALTIM							
	Funeral Director		5. Sociei Security Number 6.	Sex 7. Age (In yrs. I		Months Days			8. Date of Bir Month, De JUNE			•		
	p .		Usual Residence of Decedent								1			
	arylac show		10a. Stete 10b. County		10c. City	, Town or Lo	cation			10d. Inside City Limits				
	the Marylar 28a-f show notified at	cto	MD N/A			BALTI	MORE					1 Xes 2 No		
	# 22 m	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Country	13		
	23a MBL 3	rai	2500 W. BELVEDER	E AVE.,	APT. 4	20	21	215		USA				
	r des	Funeral	11. Maritel Status	12. Wes Decedent Ever in U,S Armed Forces?		S. 13. V	Vas Decedent of Yes, specify Cul	Hispenic Origin? (S	spenic Origin? (Specify Yes or No- n, Mexicen, Puerto Ricen, etc.)		- 14. Race - American Indian, Bleck, White, etc.			
2	or it		1 ☐ Never Married 2 ☐ Married		1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates:		1□ Yes 2□ No		10 1 110011, 0101,					
00	hours after ural, or the	d by	3 ☐ Widowed 4 ☐ Divorced	Year or I			1 Yes 2 No Specify:			Specii	Specify: WHITE			
'n	727 math	ete	15. Decedent's E (Specify only highest gr	ducetion ede completed)	16e. Decedent's Usuel Occupetion (Give kind of work done during most of work			rkina 16b. Kind		lusiness/Indu	stry		
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12	Part in	ပိ	12			SE	CRETARY	40 Man at Ma	400 A A41.14	MD CUP COMPANY				
aryland	od of several	Be	17. Fether's Neme (First, Middle, Las	"				18. Mother's Na	me (First, Middle	, Maiden Sumer	ne)			
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墨	25 a 25 a 25 a 25 a 25 a 25 a 25 a 25 a		19e. Informent's Name/Reletionship					Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)						
L.	122		LARRY YOLKEN (SC	N)			COLUMBI	A RD. C	DLUMBIA,		044			
臣	Store of the store		20a. Method of Disposition 1 Burial 2 □ Cremetion 3 [Removel from		ece of Dispos em <i>etery</i> , crem	sition (Neme of netory or other ple	ece)	Dete	20c. Location	- City or Towr	n, Stete		
E	ury ury		4 Donetion 5 Other (Specify) BALTIMORE HEBREW 4/2/97 BALTIMORE, MD											
all	port port		21. Signature of Funerel Service Lice	nsee	. 1		. Neme end Addr	ess of Fecility			.01.0.			
ш	Physician /Medical		SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208											
			23a. Pert1. Enter the diseese, or con shock, or heert feilure. List only Immediate Cause (Final				er the mode of dy	ing, such es cardia	c or respiretory e	rrest,	A Ir	pproximate ntervel Between Onset end Death		
	Examiner	Ш	Immediate Ceuse (Finel disease or condition resulting in deeth) e. Gram Negative Sepsis Due to (or es e consequence of): Urinary Tract Infection Sequentially list conditions, Due to (or as e consequenca of):											
		ē		i	Due to (or	es e conseq	uence of):	That			i			
	and I-transit	edical Examine	b. Wrinary Iract Intechan											
Ć.	death certificate be executed e attending physician and of for use es the buriel-transit		ir eny, leading to immediate cause. Enter Undertying											
68760,	icate be ex physician a s the buriel													
68	entificat sing phy se es th	Pa	resulting In deeth) Lest		D00 t0 (0)	as a consequ	derice oi).				1			
×	ndin use	Z		d										
Bo	death ce a attend d for us	icia	Port II Other elanificant conditions	contribution to d	looth but not rocu	iting in the un	dorluing aguas a	ivee le Dest I	ash Did	tobana una na	unduliburda do di	be served of death?		
P.0	that the death led by the atter detached for	by Physician/	Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributing to deeth but not resulting in the underlying cause given in Pert I.									Probably 42 Unknow		
	res that iigned b	y P	Bladder care	icon	a				"	Tes ZIINO	3 Proba	bly 42 Onknow		
Records,	e law requil has been s ye 2 should	Completed b							24e. Wes	en eutopsy ermed?	eveile	e eutopsy findings eble prior to pletion of cause		
		m C							10	Yes 2 No		Yes 2□ No		
Vital			25. Was case reterred to medical					00 Diseased De			''	162 5 140		
5	Physicien: this certific rel director,	o Be	examiner?	Hospitel:	Unpatient 2□	EB/Outpation	2 DOA 01	thor:	ath (Check only o		(014.1			
of	Phys r this arel di	: To	27. Menner of Deeth		·	ER/Outpatient 28b. Time of	JU DON	4 Li Nuising i	dome 5 ☐ Resi	how injury occur				
on	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	tior	1 Neturel 5 Pending investigation		of Injury oth, Dey Yeer)	Injury	28c. Inju Wo	ork?]Yes 2 ☐ No						
S		fica	3 Suicide 6 Could not b	9 00- Diam	a of Injury - At ho	me ferm stre			28f Location /	Street and Numl	ber or Rurel F	Route Number		
Division		Certification:	4 ☐ Homicide determined	ling, etc. (Specify	ome, ferm, street, factory, office 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)									
	Hospital 24 hours Funeral stely filled	edical Co	29a. Certifier (Check only one) 1 CertifyIng Pl 2 Medical Exer	niner: On the b	e best of my know basis of exeminet	vledge, death ion end/or inv	occurred et the trestigation, in my	ime, dete end plac opinion, death occ	e, end due to the urred et the time,	ceuse(s) end mo	enner es stet end due to th	ed. ne ceuse(s)		
	thin the	Mec	29b. Signeture end/title of certifier	end mer	mer steled.		20a Llaan	se number		29d. Date signe	od (Month Do	V Veerl		
	F ¥ € 8		200. Signature en d'ittre di certifier	- /	,		age. Licen	oo numoo	0-0	EJU. Dale signe	two min, De	y, roar)		

SINAI HOSPITAL OF State Registrar

30. Neme end address of person who completed ceuse of deeth (Item 23e) (Type, Print)

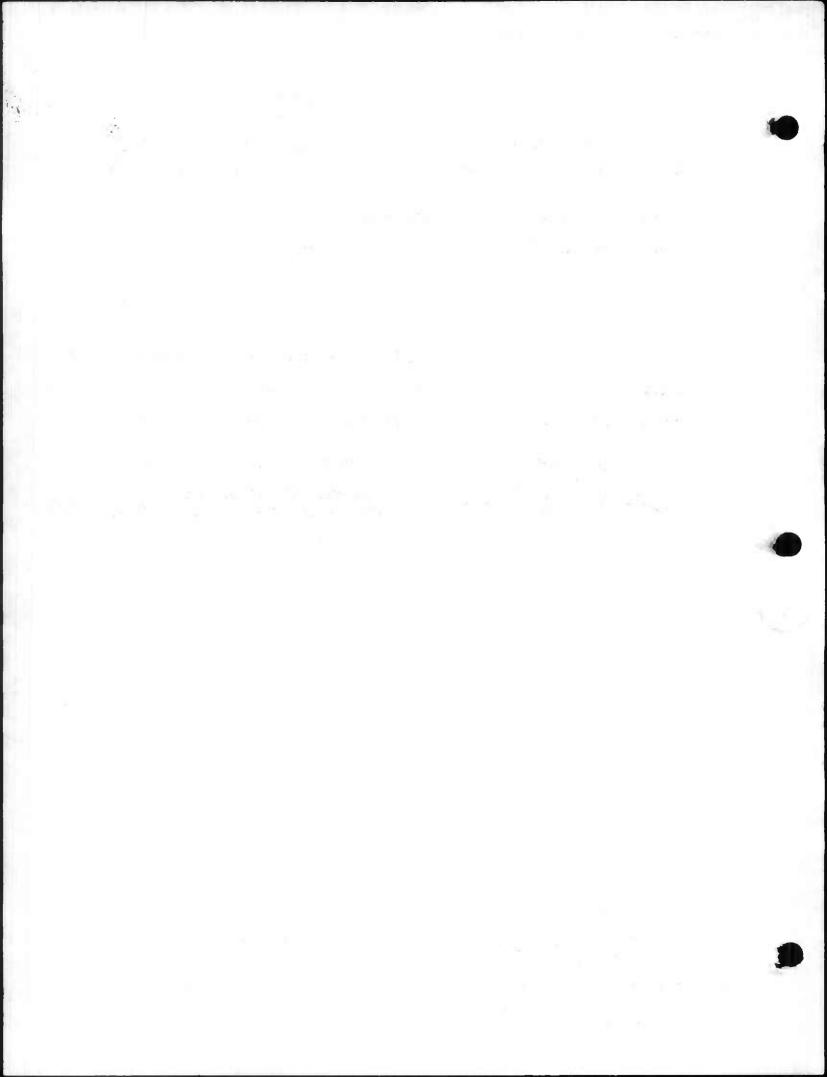


DHMH 16 Rev 6/95

AS 240 2321 AW 9282 MARCH 31 1997

ANY CAUSE

	Items: 23 part I,27 po ITEM: 10e per FH G-740		nd/Dep Ce	artment rtificate	t of H	ealth and Death	d Mental Hy	/giene Reg. No.	97	0073
Physician /Medical	1. Decedent's Nema (First, Middla, L JAMES	L.		Z		SKI	2. Dete of D Month MARC	Н 30,	Yeer 1997 8	Time of Death: 56 PM
Examiner	4e. Fscility Name (If not institution, ga				4		or Location of Dea			
Funeral		Sex 7. Age (In yrs	. last birthday)	If Under		If Undar 24 I			A 9. Birthplece (Stete or Foreign
irector	214-46-8310	1X M 2□ F 46	Yrs.	Months	Deys	Hours N	Month, D OCT.7	1950	MARYI	
**	Usual Residenca of Decedent 10a. State 10b. County	10c. C	ity. Town or Lo	ocation					10d In	side City Limits
Į.	MARYLAND N,	/A	BALTI	MORE						□Was 2□No
al Director	10e. Street end Number 3 WHITI	FIELD RD		10f. Zip		.210		10g. Citizen of USA	Whet Country?	
Be Completed by Funeral Director	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorcad	12. Was Dacedant Ever in U Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Dates:		Was Deced		spenic Origin? n, Mexican, Pu Specify:	(Specify Yes or N Jerto Rican, etc.)		ce - American Inc ck, White, etc. v: WHITE	dian,
nt, the Medical Exp Completed by	15. Decedent's E (Specify only highest gi	Education rede completed)	16e. Dece	dant's Usua kind of wor	l Occupe	etion furing most of	workina	16b. Kind of B	usiness/Industry	
ig in	Elementary/Secondary (0-12)	College (1-4or 5+)								-
ပိ	17. Fether's Name (First, Middle, Las	5+	WHC)LESAL	E DI	STRIBU 18. Mothar's I	TOR Name (First, Middle		APPLIANO	CES
	CALMAN	J. ZAMO	DISKI,	JR.		ELL			LEVI	
To	19a. Informent's Name/Relationship	(Type, Print)					Rural Route Numi	-	State, Zip Code	9)
	JOAN B. ZAMOISKI			HITFIE		D. BA	LTIMORE,			
once.	20e. Method of Disposition YE Burial 2 Cremation 3	Removal from State	Plece of Dispo cemetery, crea	netory or ot	her place		Dete		· Clty or Town, S	
	4 Donetion 5 Doner (Spec		BALTIMO	ORE HE			4/1/97	REISTE	RSTOWN,	MD
Suce	1/1/	7	-				BROS.,	INC		
s the burst ransit	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events rasulting in death) Last	c	or es e consec							
eteched for use es the Physician/Medi	Pert II. Other eignificent conditions	dcontributing to death but not res	sulting in the u	nderlying ca	use give	an in Pert I	23b Did	I tobecco use co	atribute to the	cause of death?
be deteched by Physic					give				3 Probably	~
pleted								s en eutopsy ormed?	avallable	ion of causa
Com							1/2	Xes 2□No	1 Dixes	2 No
o Be	25. Was case referred to medical exeminer? ↑X N es 2 No	Hospitel:	lene		Othe	Me.	Deeth (Check only			
ation: To Be	27. Menner of Deeth A D Neturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury		Bc. Injury Work	4 🗆 Mulsiii	g Home 5 Res 28d. Describe	how injury occur	1.7.	
Certification:	3 ☐ Suicide 6 ☐ Could not be determined		ome, farm, str	eet, factory,	office		28f. Location City or To	(Street end Numi own, Stete)	per or Rural Rou	te Number,
pletely fiii edicai		nysician: To the best of my kno miner: On the basis of examine end menner stated.								ceuse(s)
E COU	29b. Signeture and title of certifiar	n.		29c.		number		29d. Date signe		
	Neum //	hutomo			0.0	C.M.E.		MARCH	31, 19	77/
t	30. Neme and eddress of person who Dennis Chute I				2+~	ot P	al+imo~	o Mars	brelv	21201
State	31. Date filed (Month, Day, Year)	M . D . 32. Registrer's Signa		enn s	TE	ec, B	altimor	e, mar	утани	Z 1 Z U I
gistrar	APR 03 1997	ha Davidson-Ra								



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death 3 Time of Death Month April Dey Hazel Edith Allio 1997 9:22 PM 4a. Fecility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Franklin Square Hospital Center Baltimore Rossville Hours Min. 8. Date of Birth (Month, Day, April 3, 7. Aga (In yrs. lest birthday) If Undar 1 Year 9. Birthplaca (Stata or Foraign 1 M 2 XF Months Days 72 Yrs. Maryland 10c. City, Town or Location 10d. Insida City Limits Baltimore Essex 1 Yas 2 No 10f. Zip Code 10g. Citizan of What Country? 21221 U.S.A. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) Race - American Indian, Black, Whita, atc. ☐ Yas 2 No Yas Giva 1 Yas 2 No Specify: Specify: White Yaar or Datas:

10e Street and Number

10a Stata

1. Decedent's Nama (First, Middla, Last)

10b. County

6 Sax

5. Social Sacurity Number

214-22-0319

Maryland

Usual Rasidence of Decedant

with the Maryland 7 is marked other than "natural", or items 23s or 25s-4 show traumetic event, the Medical Examiner must be notified at Director Funeral þ Completed Hygiene. Be permit. Pages 1 and 2 should be in Depertment of Health end Mentel important: If Item 27 is marked or any injury or other traumatic eve

Physician

/Medical

Examiner

Funeral

Director

death v

hours efter

altimore, Maryland 21215-0020

Physician /Medicai **Examiner**

The law requires that the death certificate be executed physician and as the buriel-trans for use as has certificate this

Box 68760,

P.O. I

Records,

Division of Vital

Attanding Physician: After 1 eftar death.

Director: Af
d in by the fu death. To the Hospital or A within 24 hours eftar To the Funeral Direct completely filled in by

Examiner Physician/Medicai ð Completed Be 2 Certification: edical 29b. Signatura and title of certifiar

956 Martin Road 11 Marital Status 12. Was Decedant Ever in U,S. Armed Forcas? 1 Navar Married 2 Married 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Housewife Own Home 17. Father's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maidan Sumame) Roy Hilbinger Lillian Jordan 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) James Allio (HUSBAND) 956 Martin Road Essex, Md. 20a. Mathod of Disposition 20b. Placa of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stata ©Burial 2 ☐ Cremetion 3 ☐ Removal from Stata Holly Hill Mem. Gardens 4/5/1997 Baltimore Co., Md. 4 ☐ Donation 5 ☐ Othar (Spacify) ature of Funaral Ica Licansaa 22 Nama and Address of Facility
Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 23a F Entar the disease, or completions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause of each line. Approximeta Intarval Batween Onsat end Death Immediate Ceusa (Final diseasa or condition rasulting in death) Ventricular Asystole Minutes Dua to (or as e consequance of): Conjestive Heart Failure Years Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaase or Injury thet initiated evants resulting in daath) Last Dua to (or es a consequenca of): Severe Mitral Insufficiency Years Dua to (or es e consequance of): Mitral Valve Prolapse Years Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings aveilable prior to 24a. Was an autopsy complation of cause of death? 1 Yas 20 No 1 ☐ Yes 2 ☐ No 25. Was casa raferrad to medical axaminar? 26. Place of Daath (Chack only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2K No 1 Inpatiant 2X ER/Outpetient 3□ DOA 27. Mennar of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Netural 5 Pending invastigation 1 ☐ Yes 2 ☐ No 2 Accidant 3 ☐ Sulcida 6 Could not be determined Placa of Injury - At homa, farm, street, factory, offica building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Thomicida 29a. Cartifiar To the best of my knowledge, death occurred et the time, date end place, and due to the causa(s) and manner es steted.

| Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date end place, and due to the causa(s) end manner stated. (Check only one)

State Registrar

31. Deta filad (Month, Day, Year) APR 0 4 1997

melle

30. Nema and addrass of person who completed causa of death (Item 23e) (Type, Print)

Kenneth B. Lewis , M.D. 9101 Franklin Square Drive, 32. Registrer's Signatura chia Davidson

ein

29c. License number

D 05751

29d. Date signad (Month, Day, Year)

4/4/1997

Rossville, Md. 21237

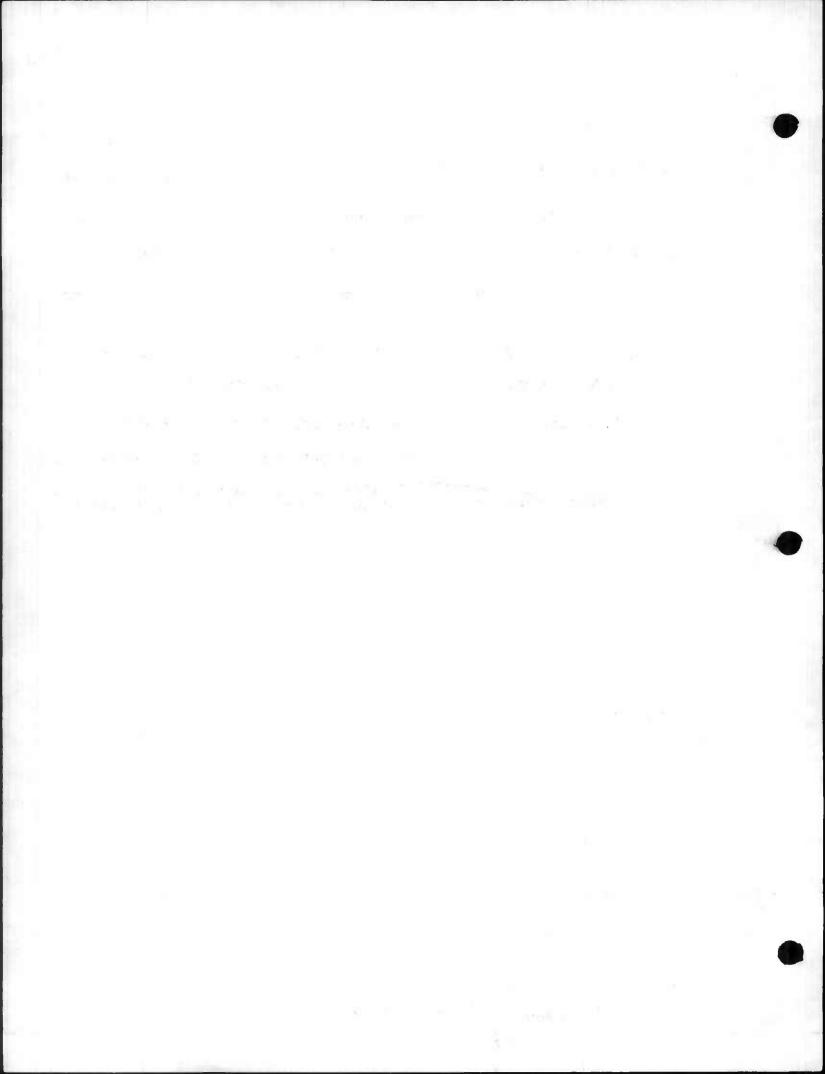
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State of Maryland / Department of Health and Mental Hygiene

10075

					C	ertificate o	f Death		Reg. No.		. 0010
Di-		1. Decedent's Name (First, Mid						2. Dete of De	eeth	Vone	3. Time of Deeth
Physici Medi/		josEPH B	ENESCH	100				Month	Day	Yeer 1997	305 AF
Examir		4e. Fecility Neme (If not institut	ion, give street end	number)			4b. City, Town, or	Location of Deal	th 4c. Count	y of Death	
		HARROR 1/05PI	TM CEI	UTER			BALTI	MORE		NIA	
Funeral		5. Social Security Number	6. Sex		n yrs. last birthd	ay) if Under 1 Ye Months Dev			irth Voor	9. Birthpl	ace (State or Foreign
Director		216-03-1044	X M 2□	F	86 Yrs	Months De	s Hours Min	March 8	, 1911		vland
D.		Usual Residenca of Decedent									
show		10a. Stete 10b. Cour	·	10	oc. City, Town or					10	Od. Inside City Limits
Pa-f	cto	MD	N/A		Balti	more City					No 2□No
th th or 28	Sire	10e. Street and Number				10f. Zip Code	9		10g. Citizen of	Whet Coun	try?
23e	<u></u>	3039 Mallview R	oad oad			212	230	and the same	Unite	d State	S
within 72 hours efter death with the Maryland ene. then "natural", or items 23e or 28e-f show the Medical Examine mark be notified	Funeral Director	11. Marital Status	12. Was D	Decedent Eve	r in U,S. 1	3. Was Decedent of	f Hispanic Orlgin? (5 uban, Mexican, Puer	Specify Yes or No	o- 14. Ra	ca - America	
or it		1 ☐ Never Married 2 M	arried 1 TY	es 2 No Give		1 ☐ Yes 200 N	/	to i modil, etc.)		ick, White, e	White
n 72 hours ef "natural", or	d by	3 ☐ Widowed 4 ☐ Divorce	ed Year o	or Dates:		10163 200	io specily.		Specit	y:	TELLOC.
hin 72 h s. In *natu	Completed	15. Deced	ent's Education	ed)	16a. De	cedent's Usual Occive kind of work do	cupation ne during most of wo	rkina	16b. Kind of B	lusiness/Ind	ustry
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70 70 4	S	6th	N/	Ά		Shipping				oke-Col	a
be filed the Hyg d othe evant,	Be	17. Father's Name (First, Middl	_						e, Meiden Sumer	m <i>e)</i>	
should be I ind Mentel I i marked of umatic eve	2	Joseph B	enesch, Sr.				Jos	ephine Be	nda		
VI 00 65 68		19a. Informent's Name/Relatio	nship (Type, Print)		19b. M	ailing Address (Stre	eat end Number or R	ural Route Numb	ber, City or Town	, Stete, Zip	Coda)
CHOP		CeCelia M. Ben	esch / Wife		30	39 Mallview	Road, Balt	imore Mai	ryland 2	1230	
of Healt Item 2: r other		20a. Mathod of Disposition	• ==			sposition (Name of cremetory or other p	place)	Date	20c. Location	- City or To	wn, Stete
pemit. Pages Depertment of I Important: If Ite any Injury or of		1 Burlel 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other		om State	_	en Memorial	,	il 04, 19	97 Ba	ltimore	Maryland
mit.		21. Signature of Funeral Service	e Licensee			22. Name and Add			ļ		4
Depe Impo any i		J. D.	S	25		harles	L. Stev	ens Fui	neral H	Home,	Inc.
	Н	23e Part 1 Enter the disease	or complications th	ot coursed the	dooth Donot	501 E. F	ort Avenu	e, Balti	imore, M	D 21	230
		23e. Part1. Enter the disease, shock, or heart failura. Li	st only ona causa o	on each line.	death. Do not	ariter trie mode or c	lying, such as cardia	c or respiratory a	arrest,	1	Approximete Interval Betwaen
Physician /Medical		Immediate Course (Fine)	5								Onset and Death
Examiner		Immediata Ceuse (Final disease or condition rasulting in death)	e	NEUMO	MIA						
	1			Dua	a to (or es a con	sequence of):				1	
ed isit	Examiner		b							I I	
entificate be executed ding physician and se as the burial-transit	xan	Sequentially list conditions, if any, laeding to immediate		Due	e to (or as e con	sequence of):					
cian cian buria		cause. Enter Underlying Causa (Diseese or injury									
eath certificate be executed attending physician and I for use as the burial-transit	edical	thet initiated events resulting in deeth) Lest		Due	to (or es a cons	sequence of):					
ing p	Me										
th ce	an/		0								
0 0 2	Physician	Part II. Other significant condi	tions contributing to	o death but no	ot resulting in the	underlying cause	given in Pert I.	23b. Dld	tobacco use co	entribute to	the cause of death?
by th	hy	HUDDE						10	Yes 2 No	3 ☐ Prob	abiy 4 ☐ Unknow
es tha igned be de	by	HYPERTENS	(0/0								
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s been 2 shoul	Completed	CIRONIC M	IRIAL M	HOKIL	-MION			pen	ormed?	con	nplation of cause
0 - 0	E								Yes 2 No		
iclan: The certificate rector, pag		25. Was case rafarrad to medic	nal							11	Yas 2 No
Physician: this certific ral director,	Be c	examiner?	. Hennitel	W.			Other:	ath (Check only			
Phys this ral di	٠ <u>۲</u>	27. Manner of Death		I⊿ Inpatient ata of Injury	2 ER/Outpe	IBIL 3D DOA	4 Li Nursing r		Idence 6 Oth)
ding Ph h. After th funeral	Certification:	1 Naturel 5 ☐ Pend	ling (M	fonth, Dey Ye	par) Injur	y V		200. Describe	how injury occur	100	
the the	ca	2 Accident Inves	d not be		411		☐ Yes 2☐No	20/ 1	(0)		
or Att	ŧ	4 ☐ Homicide detail	mined 20a. Pi	ace of Injury - ilding, etc. (S	· At home, ferm, Specify)	street, factory, offic	:0		(Street end Numi wn, Stete)	ber or Rural	Route Number,
1111		20 0 111									
2 2 3	edicai	Chack only 2 Medics	Ing Physicien: To a It Examiner: On the	the best of m	y knowledge, de iminetion and/or	eth occurred at the investigation. In my	time, date and place opinion, deeth occu	e, end due to the	causa(s) and made	anner as sta	atad.
	8	une,	ena m	enner steted.		1.					
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complete	Σ	29b. Signeture and title of cartif	, 1			4	_	- 0			ey, rear)
compa	Σ	1611	, 1			A32	441614 -	22	APRIL -	1 -	1997
company of the second	W	30. Name and address of person	who completed o	ause of daath	(Item 23a) (Typ	AS 2	44161V -	22 ,	APRIL -	1 -	1997
to the second	×	30. Name and address of person	who completed o	ause of death	(Item 23a) (Typ	AS 2 ne, Print)	HU161U -	22	APRIL -	1 -	1997
ot and the state of the state o		> Chebreding	n who complated or	1 - S. P	TANOUER	AS 2 re, Print) ST Br Randall	KU161V.	22 ,	APRIL -	1 -	1997

Registrar DHMH 16 Rev 6/95



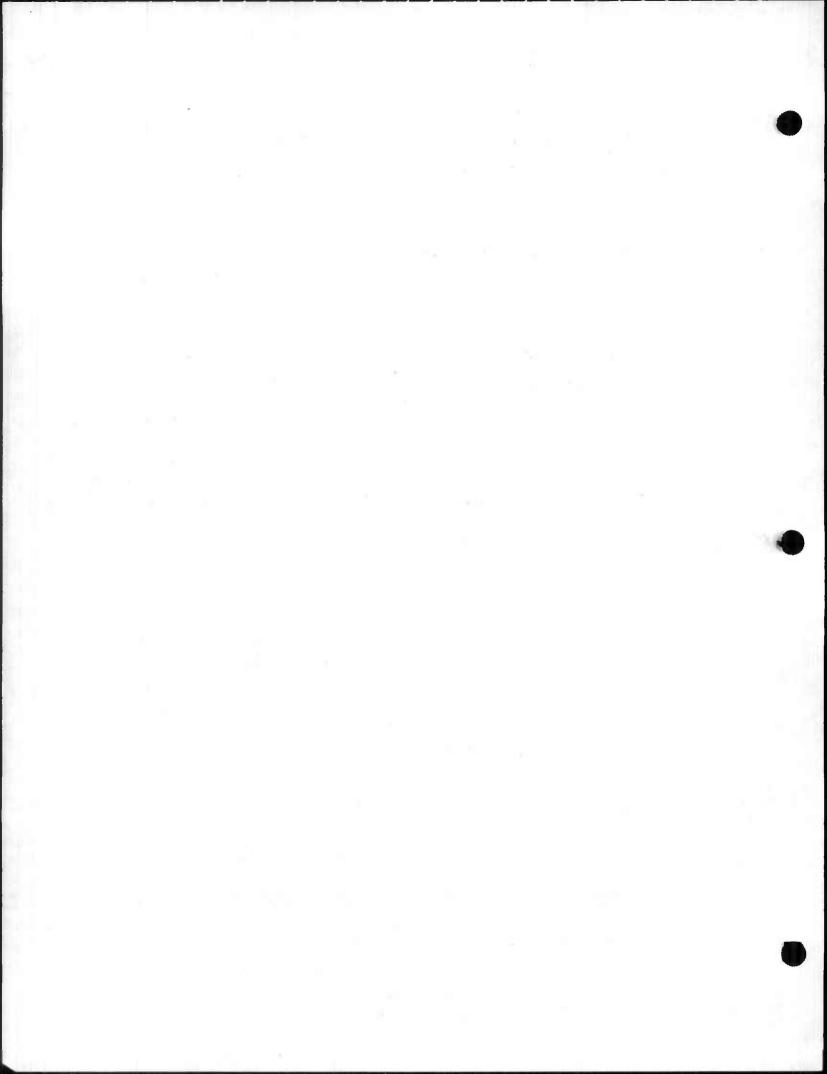
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State of Maryland / Department of Health and Mental Hygiene 97 10076

					Ce	rtificate of	Death		Reg. No.		
Physici	an	1. Decedent's Neme (First, Middle, Le	est)					2. Dete of Dea		Year	3. Time of Deeth
/Medic		ALICE	BROOK	S				April	- 2	1997	95% m
Examin		4e. Fecility Neme (If not institution, gir Stell Maris-		er)			4b. City, Town, o	more	4c. County NA	y of Deeth	
Funeral Director			Sex 7 1 M 2 1 F	Age (In yrs. I	est birthdey) Yrs.	If Under 1 Yea Months Days				9. Birthpi Count	ece (State or Foreign try) A •
show		10e. State 10b. County		10c. City	, Town or Lo	ocation				10	Od. Inside City Limits
Mar Per st	tor	Md. NA		Ba	ltimo	re					X Yes 2□No
23a or 28	Funeral Director	10e. Street end Number 401 E. 25th	Street A	Apt.#	3D	10f. Zip Code 21218	3		10g. Citizen of	Whet Count	ry?
illed within 72 hours after death with the Maryland Hygiane. Hygiane. They then "netural", or items 23a or 28e-f show ont, tre Manical Examiner must be notified at	by	11. Marital Status 1 2 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Deceder Armed Force 1 Yes 2 If Yes, Give Yeer or Dates	s? ☑ No		Was Decedent of If Yes, specify Cul 1 ☐ Yes 2 No		(Specify Yes or No- erto Rican, etc.)	14. Rad Bie Specifi	ce - America ck, White, e	
within 72 ho ane. then "netur	Completed	15. Decedent's E (Specify only highest gra Elementery/Secondary (0-12)	ducation ade completed) College (1-40	or 5+)	16e. Deced (Give life.	dent's Usuel Occu kind of work done DO NOT use retin	petion a during most of weed)	vorking	16b. Kind of B	usiness/ind	ustry
and Mental Hygiane. Is marked other than sumatic event, train	Con	12th Grade	NA	,	Hou	seKeep	ing		In ot	her l	nomes
d othe	Be	17. Fether's Neme (First, Middle, Last						ame (First, Middle,			
Men	2	Joseph Bro					Matti			rbin	
# 72 P		19e. Informent's Neme/Relationship (Angie Tyler	Type, Print)		2432	Maisel	l Court	Rurel Route Numbe Baltim	or, City or Town, ore, M	d. 2	Code) 1230
nent of Hea int: If item iry or othe		20e. Method of Disposition 1		te ce	metery, crer	sition (Neme of metory or other plant on Cemet		Dete 4-07-97	20c. Location		wn, Stete
Department of Important: If i eny injury or once.		21. Signature of Funerel Service Licer	nsee			2. Name end Addr		Baltimo	re, Ma	ryla	
nysician Medical xaminer	ler	Immediate Ceuse (Finet diseese or condition resulting in deeth)	e. META	Due to (or	es e conseq		CANCE	7			Onset end Deeth 2 / 2 years
al-transit	Examiner	Sequentially list conditions, if eny, leading to Immediate	b	Due to (or	es e conseq	uence of):					
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ned by the detache	by Phys	•									ably 4 Unknown
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page.	E							1 🗆 Y	es 2000	10	Yes 2 No
	Be	25. Wes case referred to medicat examiner?					26. Plece of D	eeth (Check only or	ne)STELLA		S AT MERCY
2.2	၉	1 ☐ Yes 2 No	Hospitel: 1 Inpa	tient 2 E	R/Outpatien	t 3 DOA	her: 4 \substitute Nursing	Home 5 Resid	ence 6 🖾 Oth	er (Specify)	HOSPICE
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urs aftar deat rel Director: lled in by tha		3 Suicide 6 Could not be determined	200. Placa of I	njury - At hor etc. <i>(Specify)</i>	ne, ferm, stre	eet, factory, office		28f. Location (S City or Tow	treet end Numb n, Stete)	er or Rurel	Route Number,
within 24 hours after death To the Funerel Director: completely filled in by tha	edicai	one) 2 Medical Exam	ysician: To the bes niner: On the besis end menner s	of exeminetic	ledge, deeth on end/or inv	occurred et the ti restigation, in my	ime, dete end pled opinion, death occ	ce, end due to the courred et the time, o	euse(s) end me late end plece,	enner es ste end due to	oted. the ceuse(s)
To	Σ	29b. Signeture end title of certifier	eno m.	^		29c. Licen:			29d. Date signer		123
3		30. Name end eddress of person who	completed ceuse of			Print)	5810 E	BECAIR I	1206		
Stat	e	31. Dete filed (Month, Dey, Year)		trer's Signatu				11-12			

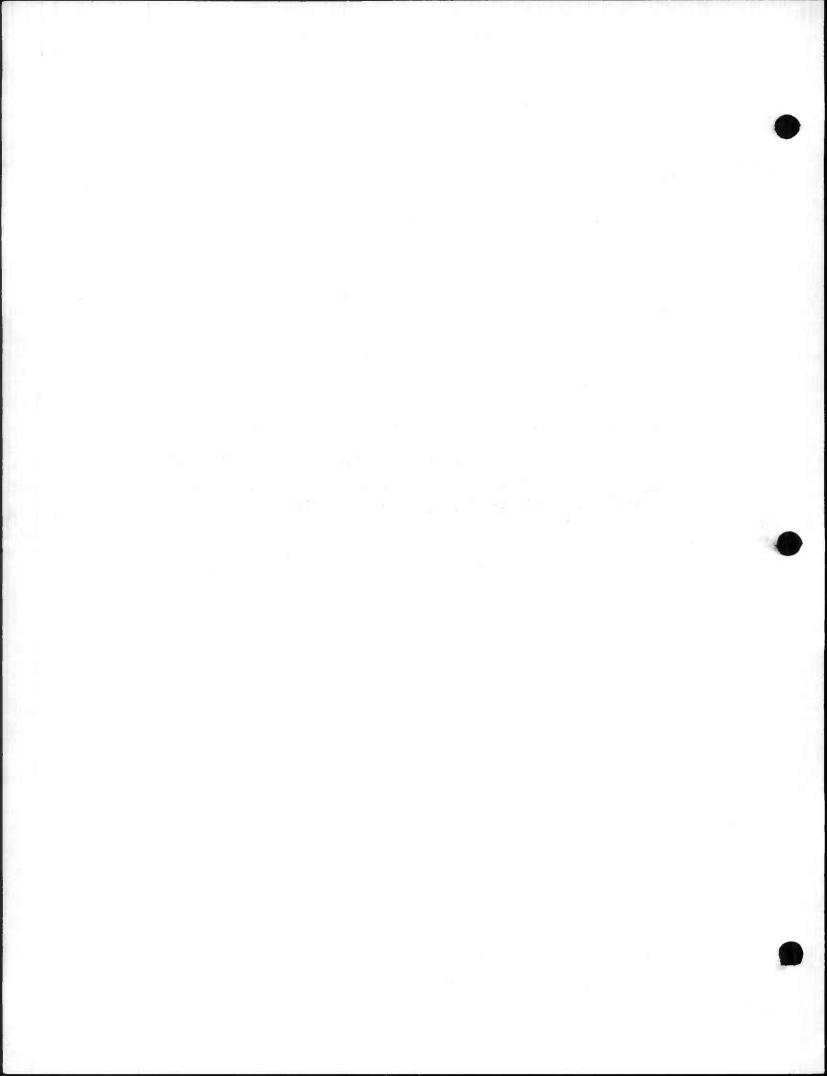
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					Cer	tificate	of l	Death			Reg. No.			
111		1. Decedani's Nama (First, Middla, L.	est)							2. Data of De		2211	3. Tima of	f Death
Physic		Sara J. Bl	ucher							April	Day 2 1	Yaar 997	3:35 P	M
/Med Exami		4a. Facility Nama (If not institution, gi	va street and number	-)			4	b. City, To	wn, or Lo	cation of Dealt			ψ.JJ 1	11
Exami	iiiei	120 Wells Avenu												
- 0000	_			ga (In yrs. las	t hirthday)	If Under 1	Yaar		Bur 24 Hrs.			e Aru		or Eoroia
Funeral Director			1□M 2√2F	93	Yrs.		Days	Hours	Min.	8. Data of Bird (Month, De NOV . 6	1903	Cou	placa (Stata c	or r-oraig
		216-07-4861 Usual Rasidance of Decedant	Λ				-			NOV. O	1903	Mall	yland	
and		10a. Stata 10b. County		10c. City, 7	Town or Lo	cation							10d. Insida Ci	Ity Limits
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d within 72 hours after death with the Maryland Jiene. Then "natural", or flems 23s or 28s-f show the Madical Examiner must be notified at	급					10f. Zip C					10g. Citizan of	wnat Cou	ntry r	
ath 23	Funerai	2025 Deering Av				212						USA		
ar de	n n	11. Marital Status	12. Was Dacedani Armed Forces	?	13. V	Vas Daceda f Yas, specif	nt of Hi / Cuba	ispanic Ori In, Maxican	gin? (Spa 1, Puarto	acify Yas or No Rican, atc.)		ca - Amari ck, Whita	can Indian, atc.	
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1		30. Nama and address of person who	completed cause of	daath (Item 23	Ba) (Type. F	Print)				72	-			
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State of Maryland /	Department of F	Health and Mental	Hygiene

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death APRIL BAILEY **Physician** RICHARD 10:15 PM /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner North West Hospital Center Randallstown Baltimore 7. Age (In yrs. lest birthday)
6.5 Yrs. Wonths Deys Hours Min. (Wonth Day) Year) 5. Social Security Number 9. Birthplece (State or Foreign Country) Maryland 6. Sex **Funeral** 1⊠M 2□ F 213-28-9159 Director Usuel Residence of Decedent permit. Pages 1 end 2 should be filed within 72 hours aftar death with the Maryland Department of Health and Mental Hygiens. Important: if item 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other traumatic event, the Medical Excitore mant be notified at 10e Stete 10b County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore Woodlawn Director 1 ☐ Yes 2 ☐ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21244 6907 Richarts Avenue TISA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 12 Yes 2 □ No If Yes, Give 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 Ho Specify: Completed by Specify: White 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 12 College (1-4or 5+) Master Sergeant Infantryman Army 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Francis Bailey Irene Benoit P 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 6907 Richarts Avenue Woodlawn, Maryland 21244 Mrs. Betty Bailey 20b. Place of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ⊠ Bunal 2 □ Cremetion 3 □ Removal from State 4-5-97 Woodlawn Cametery Woodlawn, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Fecllity Slack Funeral Home, P.A. Ellicott City, Md. 21043 M00544 aus Swith 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical RESPIRATORY INSUFFICIENCY Immediate Ceuse (Final 5 DAMS disease or condition resulting in deeth) **Examiner** PNEUMONIA 5 DAYS physician and the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Last DESTRUCTVE PHIMONARY DISEASE P.O. Box 68760, Physician/Medical Due to (or es e consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 I Unknown CORONARY ARTERY DISEASE Records. þ 24b. Were eutopsy findings evellable prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy performed? DIABETES MELLITIS 1 ☐ Yes 2 ☐ No 1 Yes 2 No of Vital or Attending Physician: Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Certification: To this ours aftar death.

Trai Director: After this lilled in by the funeral d 27. Manner of Death 1 ☑ Naturel 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Division 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours a 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) MD B44439128 APRIL 1, 1997 THOMAS GEORGE NORTHWEST HOSPITAL 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) CENTER, 5401 OLD COURT ROAD, LANDALLSTOWN. 32. Registrar's Signature 31. Dete filed (Month, Day, Yeer) State APR 0 4 1997 Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Deta of Death 3. Tima of Death **Physician** April 02 pay 1997 RUTH 2:15 A.M. BLOCHE-NEWMAN /Medical 4e. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Stella Maris Health Care Towson Baltimore 5. Social Sacurity Number If Under 1 Year 6 Say If Linder 24 Hrs 8. Date of Birth (Month, Pay, Year) 01/24/1931 7. Age (In yrs. last birthday) Birthplace (Stata or Foraign Country)
 PA **Funeral** 1□ M 2ੈ F Days 196-24-8366 Director 66 Yrs Usual Rasidance of Decedant the Merylend 10a State 10h Counts 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic evant, the Medical Examiner must be notified at Palm Beach Director FL. 1⊠Yes 2□No Boca Raton 10e, Street and Number 10f. Zip Coda 10q. Citizen of What Country? ò "natural", or items 23a 19964 Mona Circle 33434 U.S.A. Funeral 12. Was Dacadent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No 11. Maritel Status Wes Dacedant of Hispenic Orlgln? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - American Indian, Bleck, White, etc. filed within 72 hours efter 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No by Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Dacadent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decadent's Education 16b. Kind of Businass/Industry (Spacify only highest grada completed) permit. Pages 1 and 2 should be filed within Department of Health and Mentel Hygiene. Important: If Itam 27 is marked other than any Injury or other traumets. College (1-4or 5+) Elementary/Secondary (0-12) Teacher Education 17. Fether's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Surnama) Be Charles Spitz Seren Farkas 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) Charles Bloche/ Son 66 Robbins Rd. Arlington, MA. 02174 20b. Place of Disposition (Nama of camatary cramatory october place)
Star of David Memorial 20e. Method of Disposition 20c. Location - City or Jown, State
North Lauderdale, Burial 2 Cramation 3 Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Gardens FL. 04/06/97 Funaral Service Licansea Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave. Baltimore, MD. 23a. Part1. Entar the diseasa, or complications thet causad the death. Do not enter the mode of dying, such es cardiac or respiretory arrast, shock, or heart failure. List only one ceuse on each line. Physician /Medical Immediete Causa (Final disaase or condition rasulting In deeth) ACUTE MYELOID LEUKEMIA 18 mos **Examiner** Physician/Medical Examiner ettending physician and for use es the buriel-transit sending Physician: The law requires that the deeth certificate be executed Sequantially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Cause (Disaasa or Injury that initiated events rasulting in daath) Last Dua to (or as a consequence of): vision of Vital Records, P.O. Box 68760. Due to (or es e consequance of): After this certificate hes been signed by the ethereral director, page 2 should be deteched Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Be Completed 24a. Was en autopsy performed? 24b. Ware autopsy findings available prior to completion of cause of death? 25. Wes case referred to medical axaminar? 26. Place of Daath (Check only ona) Hospital: 1 | Inpatient Other: 4 Nursing Homa 5 Residence 6 KOther (Specify)HOSPICE Certification: To 1 Yes 2 ER/Outpetiant 3 DOA 27. Mennar of Death Data of Injury (Month, Dey Yaar) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Affer 1 Natural 2 Accidant 5 Panding Invastigation Injury 1 Yas 2 No å 100 6 Could not be datarmined 3 ☐ Suicida 28a. Placa of Injury - At home, farm, streat, factory, offica building, etc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 ☐ Homicida Medicai 29a. Certifiai Certifying Phyeician: To tha best of my knowledga, daath occurred at tha time, deta and place, and due to tha cause(s) end mennar as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, daath occurred at the tima, data and placa, and dua to tha cause(s) and mannar stated. onel 29b. Signeture and title of certified 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name end address of person who completed causa of death (Itam 23a) (Type, Print) 21204 DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD., TOWSON, MD APR 0 4 1997 31. Data filed (Month, 32. Ragistrar's Signatura State

rha Davidson

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

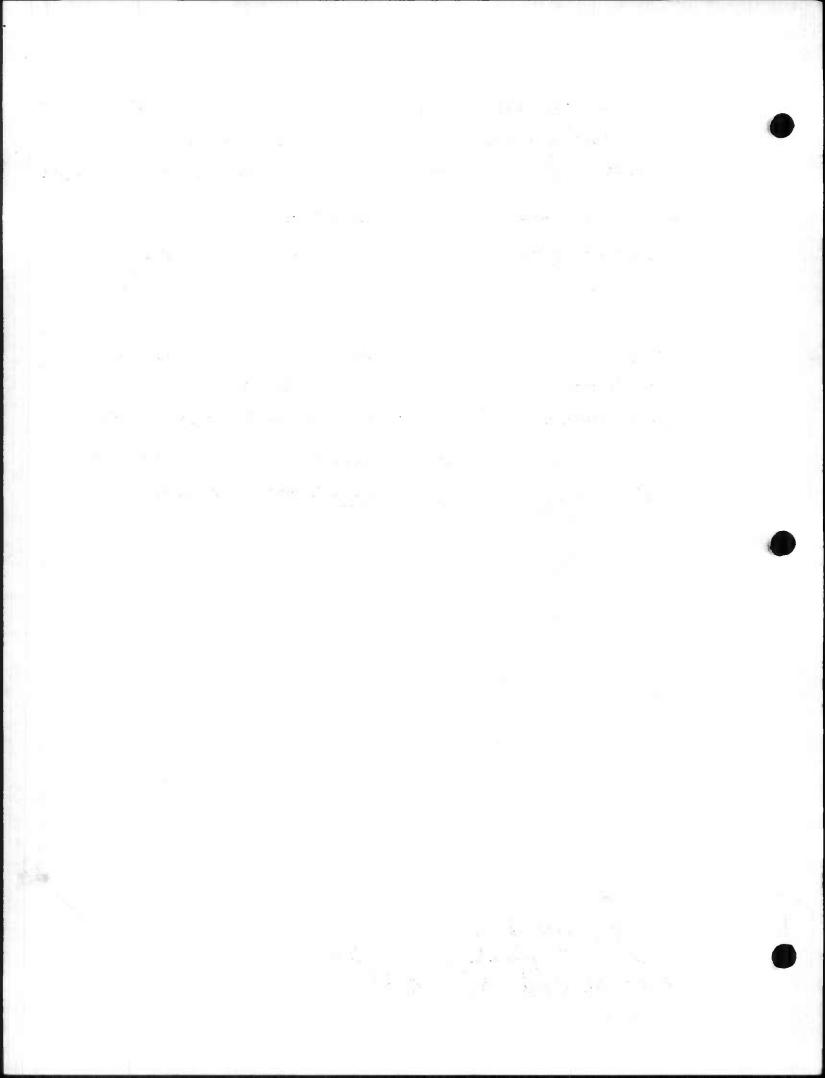
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Examine		4a. Facility Nama (If not institution, giva	street and number)		- 11		4b. City, Town, o				0,10 4,111
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permit. Peges 1 end 2 should be filed within 72 hours efter deeth with the Meryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "netural", or items 23e or 28e-f show any injury or other traumatic event, the Medical Examiner naint be notified at once.	ų.	10a. Stata 10b. County		10c. City,	Town or Loc					10d	. Insida City Limits
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or tr		William Allen Blar	nkenship,				dge Ct. A	ot. 2221	Balto.	MD 212	210
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ITY o		1 ☐ Burial 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Othar (Spacify)					matory	4-3-97	Baltimo	re Ma	arv1 and
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Depa impo any ir		kg.) C.					-Wiedefeld		7	1 010	110
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E Se di	Ē	4 ☐ Homicide datermined	28e. Place of Inju- building, ato	c. (Specify)	na, tarm, stre	et, tactory, on	rice	City or To	(Streat end Numi wn, State)	oer or Hurai H	outa ryumber,
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)	1	30. Nama and addrass of person who co	·			,					
		Robert A. Palermo,	M.D., 67	01 N.	Charl	es St.	Baltimor	e, MD, 2	1204		
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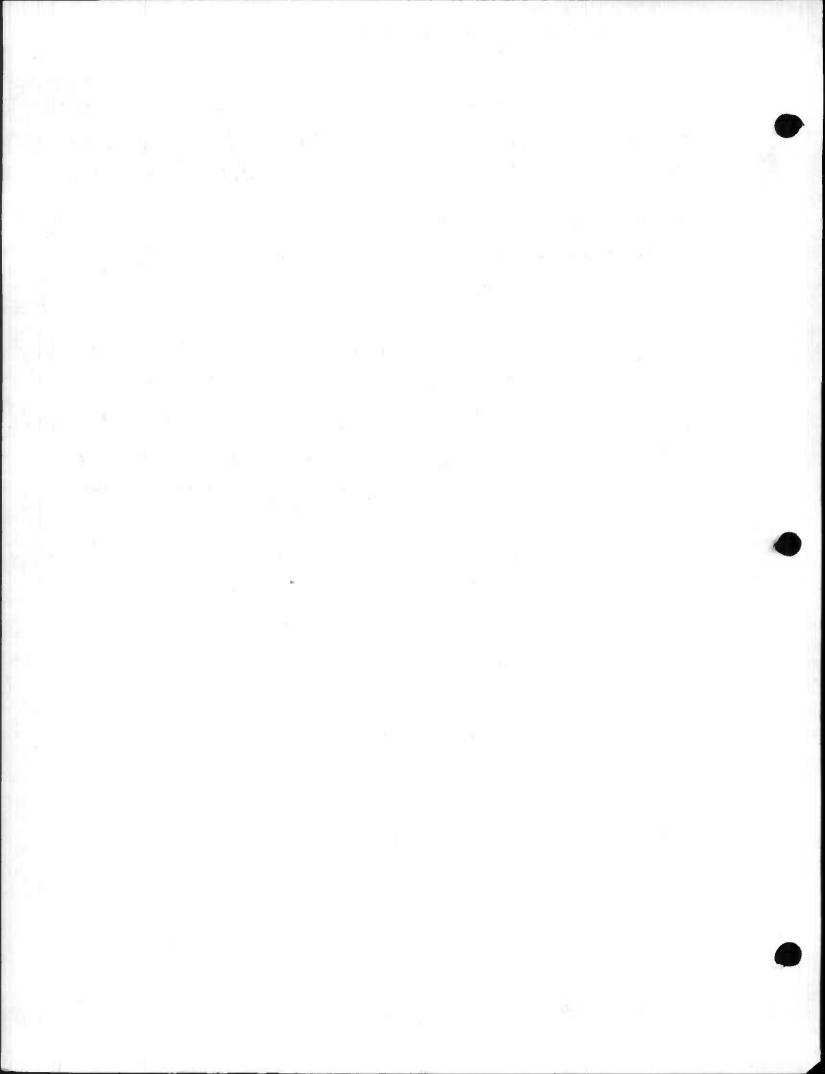
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The purpose of the pu	020	urs after deat al', or items 2 examiner mu	by	1 Nevar Married 2 Married	Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva	1				White, etc.	n,
The purpose of the pu	5-0	72 ho	ted	15. Decedant's I	Education	18a. Dece	dant's Usual Occu	pation	16b. Kind of Bus	inass/Industry	
20a. Markend of Disposition 1 Giptural 2 Connection City or Town, Stata 2 Connection City or City or Town, Stata 2 Connection City or Town, Stata 2 Connection City or C	21	c - a	nple					ed)			
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Physician Medical Examiner The state of the	imore	Pagas 1 nant of He int: If iten iry or oth		1 ☐ Burial 2 ☐ Cramation 3	Ramovai from State	cematary, cra	matory or othar pla	ice)			a
Physician Medical Examiner The state of the	alt	ppartit.		21. Signature of Funaral Sarvice Lice	nsee	DD					
Immediate Cause (Final doses of coordinor occurring) in death Immediate Cause (Final doses of coordinor occurring) in death	Ш	205 2 2		1 K. Turi	11 (Anne	Was !	Connelly	Funeral HOme of	Essex	1	
Immediate Cause (Final doses of coordinor occurring) in death Immediate Cause (Final doses of coordinor occurring) in death				23a. Part1. Entar tha disaasa, or cor shock, or haart failura. List oni	nplications that caused tha d	eeth. Do not an	tar the mode of dy	ing, such as cardiac or respiretory er	rrest,	Approx	imete Retween
Compared to the condition of the condi	1			and the course of the course	1	-/				Onset	and Death
Sequentially list conditions, and year of the contribution of the	d			disease or condition	. lune	cante	٨.			41	moulh
Course (Disease or injury to grant of the street of the st	П		16	resolung in dealing	1 2001	(or as a conse	quence of):				
Course (Disease or injury to grant of the street of the st		bed nsit	nine		· asbett	one	ylon	ul		mas	y lella
Part Other algnificant conditions contributing to death but not rasulting in the undarlying cause given in Part 23b. Did tobsecco use contribute to the cause of death	.09	be axecu ician and burial-trar		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	· Chine	obat	witu	i Sulmener	due	w 7	5 rene
STATE 24a. Was an autopsy performed? 24b. Wara autopsy performed? 24b. Wara autopsy performed? 24b. Wara autopsy performed? 24b. Wara autopsy performed? 24c. was an autopsy performed? 24d. Was an autopsy performed? 24b. Wara autopsy performed? 24c. was an autopsy performed? 24d. was an autopsy performed? 24b. Wara autopsy findings aveilable prior to complain of dausa of death? 1 yes 2 No 25c. was casa ratarred to medical avaminar? 11 yes 2 No 26c. was casa ratarred to medical avaminar? 11 yes 2 No 27c. wanpar of Death Hospital: I Inpatiant 2 ER/Outpatient 3 DoA 27c. wanpar of Death Hospital: I Inpatiant 2 ER/Outpatient 3 DoA 27c. wanpar of Death Hospital: I Inpatiant 2 ER/Outpatient 3 DoA 27c. wanpar of Death Hospital: I Inpatiant 2 ER/Outpatient 3 DoA 27c. wanpar of Death Work?			Medic	rasulting In death) Last	X) 1.	pr as a conse	helli	tus 1		75	MAN
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STATE 24a. Was an autopsy performed? 24b. Wara autopsy performed? 24b. Wara autopsy performed? 24b. Wara autopsy performed? 24b. Wara autopsy performed? 24c. was an autopsy performed? 24d. Was an autopsy performed? 24b. Wara autopsy performed? 24c. was an autopsy performed? 24d. was an autopsy performed? 24b. Wara autopsy findings aveilable prior to complain of dausa of death? 1 yes 2 No 25c. was casa ratarred to medical avaminar? 11 yes 2 No 26c. was casa ratarred to medical avaminar? 11 yes 2 No 27c. wanpar of Death Hospital: I Inpatiant 2 ER/Outpatient 3 DoA 27c. wanpar of Death Hospital: I Inpatiant 2 ER/Outpatient 3 DoA 27c. wanpar of Death Hospital: I Inpatiant 2 ER/Outpatient 3 DoA 27c. wanpar of Death Hospital: I Inpatiant 2 ER/Outpatient 3 DoA 27c. wanpar of Death Work?	o.	the d	ysic	Part II. Other significant conditions	contributing to death but not i	rasulting in the u	ındariying cause gi	ven in Part I. 23b. Did t		1/	use of death?
The state of the s		that the ded by deta	P P	- buillus	I varrul	u de	rear	10'	Yes 2□ No	Probably	4 Unknown
The state of the s	rds	uires n aigr		/1		1 1		24a. Was	an autopsy	24b. Wara autog	psy findings
Anguage of Death Anguage of Death Anguage of D	000	shou	ete	- du gan	grent of	1 16	es			compiation	of causa
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Anguage of Death Anguage of Death Anguage of D	<u>a</u>	n: Ti ficate or, pe		25. Was case reterred to medical	V					1 LI Yes	2 LI No
State Stat		s cart direct	0	axaminar?	Hospitai:	□ EP/Outpation	at all DOA Ot	has:		(C===#4)	
30. Nama and addrass of person who completed causa Aldaath (Item 23e)(Type, Print) 8 100 State 31. Data tiliad (Month, Day, Year) 32. Septimizer's Schriptone	0	Phy arthle	\vdash	27. Mannar of Death	28a. Data of Injury	28b. Time o					
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30. Nama and addrass of person who completed causa Aldaath (Item 23e)(Type, Print) 8 100 State 31. Data tiliad (Month, Day, Year) 32. Septimizer's Schriptone	S	After rr des ector by th	1100	3 ☐ Suicida 8 ☐ Couid not I	28a. Place of Injury - A	t homa, tarm, str	reat, tactory, offica	28f. Location (S	Street and Number	or Rural Routa	Number,
30. Nama and addrass of person who completed causa Aldaath (Item 23e)(Type, Print) 8 100 State 31. Data tiliad (Month, Day, Year) 32. Septimizer's Schriptone	Ö	a after	Ser	1 Homolda	building, atc. (Spe	сту)		City or You	vri, Stata)		
30. Nama and addrass of person who completed causa Aldaath (Item 23e)(Type, Print) 8 100 State 31. Data tiliad (Month, Day, Year) 32. Septimizer's Schriptone		Funera etaly fille		(Check only 2 Medical Exa	miner: On the besis of axami	nowledga, daati ination and/or in	h occurred at tha ti vastigation, in my	ma, data and place, and dua to tha opinion, daath occurred at tha tima, o	causa(s) and man data and piace, an	nar as stated. d due to the cau	se(s)
30. Nama and addrass of person who completed causa Aldaath (Item 23e)(Type, Print) 8 100 State 31. Data tiliad (Month, Day, Year) 32. Septimizer's Schriptone	A	of the original origi	Me	29b. Signatura and the of cartifie	1/ 1		29c. Lican	sa number	29d. Deta signad	Month, Day, Yes	ar)
State 31. Data tilad (Month, Day, Year) Secretary's Schiptone	ì	1,		· 17.10	ychuli		04	1680	4/2	197	
State Registrar APR 0.4 1997		5		30. Nama and addrass of person why	and Ald	15-	Print) M	12, 2/234	1		
			_	V	gulia Didson-	andello	7				



			Certificate of Death	Re	eg. No.	
	Physic	an	1. Decedent's Neme (First, Middle, Last)	2. Dete of Deet		3. Time of Deeth
	/Medi		Essie Collins	April	1, 19	97 1556
	Examir	ner	4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or I	Location of Death	4c. County of	Deeth
1		_	Morthwest Hospital Randa	listown	E	altimore
	Funeral Director	Н	5. Social Security Number 6. Sex 1 M 2 F 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs. Months Deys Hours Min.		Ypar na i	9 Birthplace (Stete or Foreign Country)
۲.			Usuel Residence of Decedent	Duly a	4,17201	Jorih Carolina
	ylend		10a. State 10b. County 10c. City, Town or Location			10d. Inside City Limits
	the Meryler 28a-f show	to	Maryland NIA Baltimore			Yes 2□No
	or 28	Directo	10e. Street end Number 10f. Zip Code	10	Og. Citizen of Wh	net Country?
	23a		3915 Maine Ave. 21207		11.	SA
	Hems Hems	Funeral	11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Sl. If Yes, specify Cuben, Mexicen, Puerly Cuben, Puerly Cub	pecify Yes or No-		- American Indian, White, etc.
20	s afte	by F	1 Never Married 2 Merried 1 Yes 2 No If Yes, Give 1 Yes 2 No Specify:	, , , , , , , , , , , , , , , , , , , ,	She City:	1
5-0020	n 72 hours after death with the Merylend "natural", or items 23s or 28s-f show goldal Exeminer must be notified at	d be	3 Widowed 4 □ Divorced Yeer or Dates: 15. Decedent's Education 16e. Decedent's Usual Occupation		FHY	can American
	E 5 3	Completed	(Specify only highest grede completed) (Give kind of work done during most of work	rking	16b. Kind of Busi	ness/industry
2121	filed within Hygiene. ther than " ont, the Ma	E	Elementary/Secondary (0-12) College (1-4or 5+) Seam Stress	(lothi	na Factory
b		BeC		me (First, Middle, M	leiden Surname,	19 1010101
<u>a</u>		To	Samuel Mooring Mary	$^{\prime}$ Ba	rnhi	
a	and and s m		19a. Informent's Name/Reletionship (Type, Print) (daughter) 19b. Mailing Address (Street end Number or Pry	rel Route Number,	City or Town, S	tate, Zip Code)
2,5	f Health tem 27		Ms. Doris Collins 3915 Maine A	ve. Bo	ilto.1	Md. 21207
Ore	of T		20e. Method of Disposition 20b. Plece of Disposition (Name of camelery, cremetory or other plece)	Date 2	Oc. Location - C	ity or Town, Stete
Ë			4' Donation 5 Other (Specify) Druid Kidge	7/5/97	Balta	o. Md.
Baltimor	permit. Pa Departmen Important: any injury once.		21. Signature of Funerel Service Licensee 22. Neme end Address of Faeility	< Film	eral	Home.
	40140		Joseph J. Kliss 2222 W. Nor-	Th Av	e. Ba	1to. Md. 21216
			23 and Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac hock, or heart feilure. List only one ceuse on each line.	or respiretory erre	st,	Approximate Intervel Between Onset end Death
	Physician /Medical		Immediate Couse (Fine)			Onset end Death
1	Examiner		Immediate Cause (Fine) disease or condition resulting in death) Seller metabolic actions for the condition of the condition	es 4		Lewday
		Jer	Due to (or es e consequence oi):	100		
	iceta be executed physician and s the burial-transit	Examiner	Sequentially list conditions. Due to (or es a consequence of):	/cc		1 4000
0	e exe ian ar urial-t		if eny, leeding to immediate cause. Enter Underlying			1. 1
68760	death certificeta be executed e attending physician and od for use as the burial-transi	edicai	Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of):			
	ing p	~	. Eliabetic flomerolaciones	201		> 2 years
Вох	eath cer attendir for use	lan/		Joe .		
		Physician/N	Pag-II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did tob	acco use contr	ribute to the ceuse of death?
P.0	requiras that the		Gockenece Calilis	1 □ Ye	* 20 No 3	B □ Probably 4 □ Unknown
Sp.	uiras n sign ld be	d by	a cellicité colitis & Diverticulitis	24a. Wes en	autoney	24b. Were eutopsy findings
9	- LU (0)	lete	Severe Peripheral Vascular bislase	perform		eveileble prior to completion of cause
Vital Records,	The law ate has b page 2 s	Completed	Hyperteneis			of deeth?
ta	delin: The	Bec	25. Wes case referred to medical 26 Pleas of Deel	1 Yes		1 Yes 2 No
<u> </u>	\$ 00	0	exeminer?	th (Check only one ome 5 ☐ Resider		(Specify)
J of	g Phys ar this heral di	ı.	27. Menner of Deeth 28e. Dete of Injury 28b. Time of 28c. Injury et	28d. Describe how		
io	Attending F r deeth. octor: Aftar by the funer	atio	2 Accident investigation M 1 Yes 2 No			
Division	or Attending Phatar deeth. Director: Aftar thi	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined 4 ☐ Homicide 28e. Plece of Injury - At home, ferm, street, lactory, office building, etc. (Specify)	28f. Location (Str. City or Town,	et end Number Stete)	or Rural Route Number,
	and and and and and and and and and and					
1	Heap Manager M	edicai	29a. Certifier (Check only (, end due to the cer rred et the time, de	use(s) end menn te end place, en	er es steted. d due to the ceuse(s)
(A S	Med	one) end menner stated. 29b. Signature end title of certifier 29c. License number			
1	MESTER		THE IT IS IN	29	LI III	Month, Dey, Yeer)
٦,			30. Name and address of person who completed across of death (less one).		7/1/7	/
			30. Name end eddress of person who completed ceuse of deeth (Item 23a) (Type, Print) EDITO C. GALVEZ, M.D. 5400 Old Cleure	And An	non 1k	town Mos
	Sta	te	31. Date filed (Month, Day, Year) APR 04 1997 APR 04 1997	14.110	1001/13	7.1/33
	Registra		MYK U 4 1991 Julia Davidson-Randelle			



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Dete of Death 3. Time of Death April Physician Calvin George William Clavell 03.45 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Franklin Woods Nursing Center Rossville Baltimore 7. Aga (In yrs, last birthday) If Under 1 Year Months Days If Undar 24 Hrs. 5. Social Security Number 8. Dete of Birth (Month, Day, Year) Birthplace (Stata or Foraign Country) **Funeral** 1**X** M 2□ F 216-16-5619 Director Maryland Usuei Rasidance of Dacedant the Maryland 10a State 10h County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23a or 28a-f ehov traumatic event, tra Medical Examinar must be notified at Maryland Baltimore Parkville 1 TVes 257 No Director 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? permit. Pagas 1 and 2 should be filed within 72 hours efter death with 1 Department of Heelth and Mental Hyglena. Important: If item 27 is marked other than "naturel", or items 22 any injury or other traumsing. 3120 A Northwind Road 21234 U.S.A. Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ②No If Yas, Giva Year or Datas: Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. 1 ☐ Never Merried 2X Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No ģ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Dacedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) Carpenter House Building 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) George Edward Clavell Loretta Guber 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Lois Clavel (WIFE) 3120 A Northwind Rd. Baltimore, Md. 21234 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Holly Hill Mem. Gardens 4/4/1997 Baltimore Co., Md. 21. Signature of unaral Sarvica Licansaa 22. Nama and Addrass of Facility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 21221 23a. Part1. Entar tha disaasa, or complications that saused the death. Do not antar tha mode of dying, such es cardiac or respiretory errast, shock, or haert failura. List only ona causa on each line. Approximete Intarvel Batween Onset end Death Physician PULMONARY DISEASE /Medical Immadiata Causa (Final diseasa or condition resulting in daath) CHRONIC OBSTRUCTIVE 15 YEARS Examiner Dua to (or as a consequence of): Examiner FIBRILLATION physician and the buriel-transit Sequantially list conditions, if any, leeding to Immadiate cause. Entar Undarlying Ceusa (Disaasa or Injury that initiated avants resulting in daeth) Last Dua to (or as a consequance of) Box 68760, HYPERTENSION Physician/Medical Dua to (or as a consequence of): signed by the attending to be datached for use as NEUMONIA Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. P.O. 23b. Did tobacco usa contributa to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown DNGESTIVE HEART Division of Vital Records, à 24a. Was en autopsy performed? 24b. Were eutopsy findings avelleble prior to complation of causa of daath? Completed DIABLETES has 1 ☐ Yes 2 ☐ No 1 Yas 2 No I or Attending Physician: eftar daeth. Director: After this certific 25. Was casa rafarred to medical axaminar? Be 26. Place of Deeth (Check only ona) Hospital: Othar: 4X Nursing Home 5 ☐ Rasidanca 6 ☐ Othar (Specify) 1 Yes 2 No 10 1 Inpatient 2 ER/Outpatient 3 DOA funeral 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 5 Panding invastigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not ba To the Hospital or Atter within 24 hours eftar day To the Funeral Director complataly filled in by th 3 Suicida 28e. Plece of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 4 Homicide edicai 29a. Certifiar 1 🔀 Cartifying Physician: To the best of my knowledga, death occurred at tha tima, data and place, end due to the cause(s) end mannar as stated. (Check only one) 2 Madical Examiner: On the bests of exeminetion end/or invastigation, in my opinion, death occurred at the time, date and piece, end due to the cause(s) and manner stated. 29b. Signatura and title of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Yaar) 20051090 ATTENDING PHYSICIAN M-UNNI -April 2, 1997 30. Nama and address of person who complated causa of death (Item 23e) (Type, Print) FRANKLIN SO DR, BALTIMORE, MD 2437 M.UNNI, M.D FRANKLIN WOODS. 9200

32. Registrar's Signatura

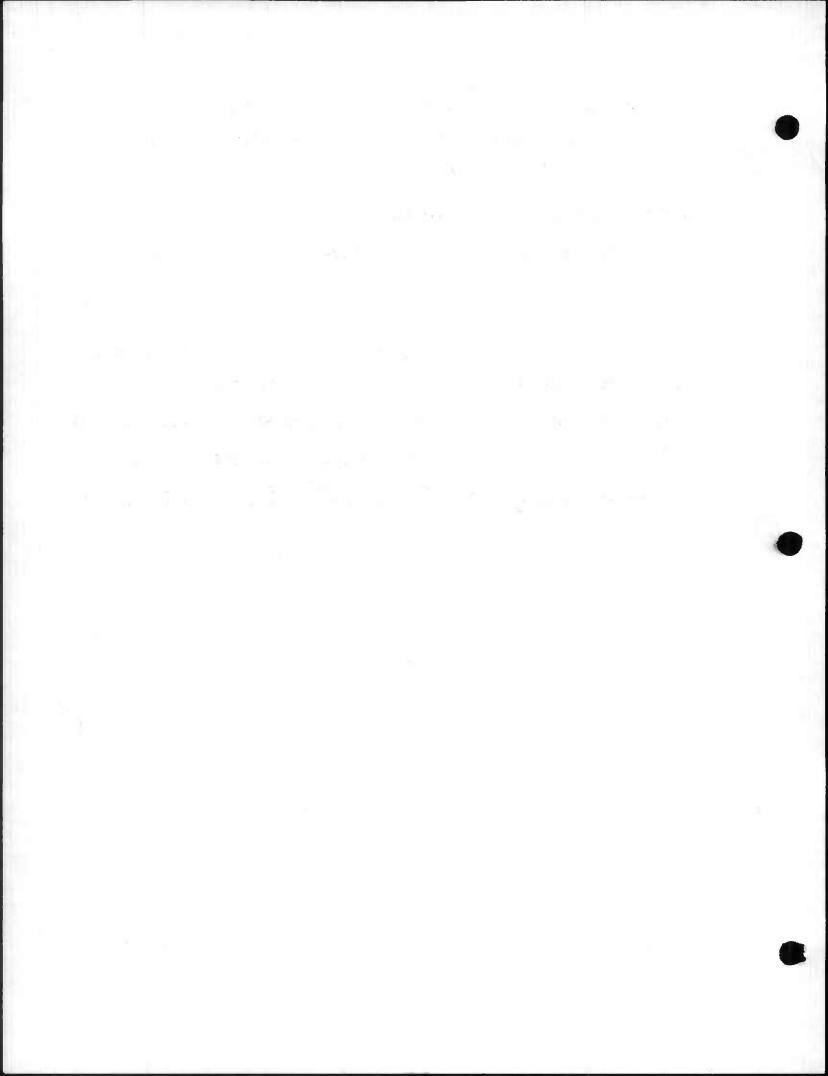
who Davidson

State

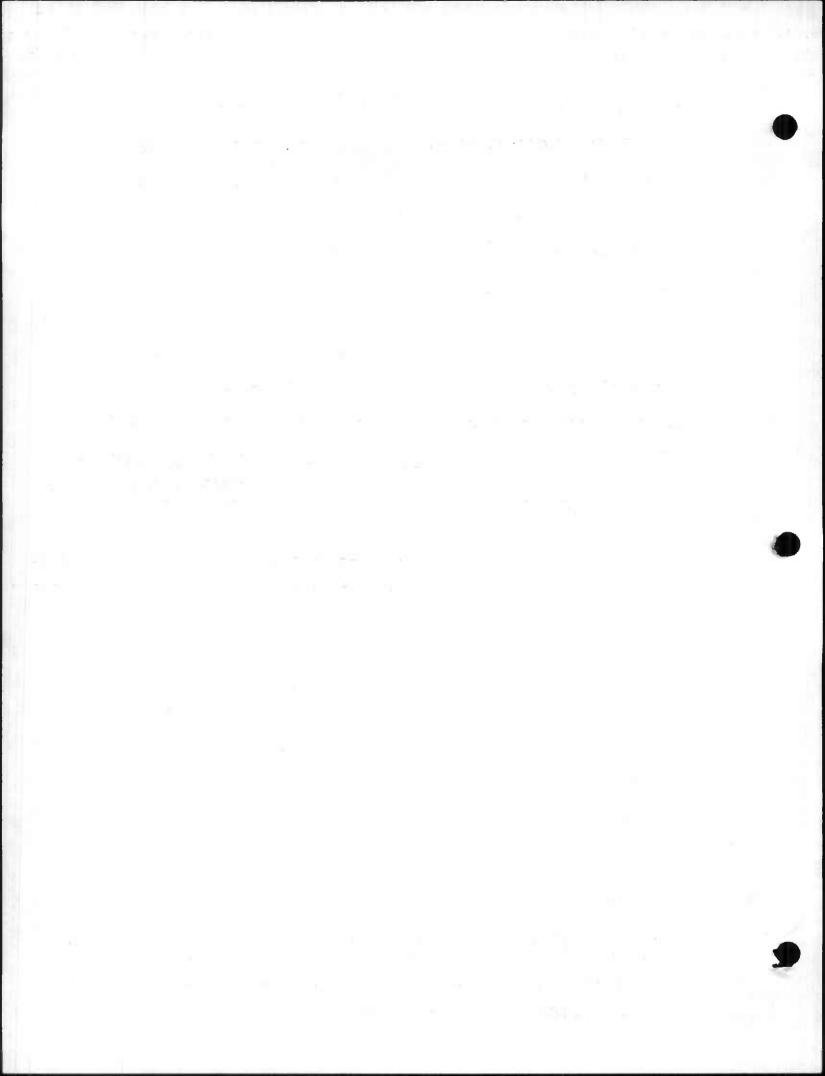
Registrar

31. Date filad (Month, Day, Yaar)

APR 0 4 1997



		ITEM#20c PER F.H. FLM#G746 4/4/97 J.A. Certificate of Death	Re	g. No.	
Physic /Med		Mantalana Anna Can	2. Date of Deet Month Apr 1	Dey Yeer	3. Time of Deeth 0843
Exami		4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Local		4c. County of De	eth
Exami	1101	SHADY GROVE ADVENTIST HOSPITAL ROCKVILL			
		A Section of the sect	B. Date of Birth	MONTGO	ÆRY_
Funeral		117 M 2□ F Months Deys Hours Min.	(Month, Dey,		irthplece (Stete or Foreign Country)
Director		218 25 9663 12 Yrs. 12 Usuel Residence of Decedent	Jan 1	1 1985	Md
Pud *		10a. Stete 10b. County 10c. City, Town or Location			10d. Inside City Limits
C Z IZ IS-UUZU filled within 72 hours efter death with the Meryland Hygiene. ther than "natural", or items 23a or 28a-f show ent, the Medical Evaning must be notified at	Funeral Director	Md Anne Arundel Deale			1 ☐ Yes 2 🗷 No
# 12 P	ie	10e. Street end Number 10f. Zip Code	10	Og. Citizen of Whet C	Country?
3a 4		5968 First Street 20751		USA	
Jan Joat	Jer	11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specifives, specify Cuben, Mexican, Puerto R	ify Yes or No-	14. Race - Am	nerican Indien,
Light Light	Ē	Armed Forces? If Yes, specify Cuben, Mexican, Pueno R 1 ☐ Yes 2 ☐ No	ican, etc.)	Bleck, Wh	Ite, etc.
A I A I S-00 CO d within 72 hours ef giene. r than *natural; or the Wedical Exam	by	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Specify: Yes for Dates:		Specify: W	hite
non me		,000,000	-		
72 mg	Completed	15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)	9	16b. Kind of Busines	s/Industry
Pe.	du	Elementary/Secondery (U-12) College (1-4or 5+)			
D S S S S S S S S S S S S S S S S S S S	00	6 Student		N/A	
d 2 should be file th end Mentel Hy 7 Is marked othe traumatic event	Be	17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, N	faiden Sumeme)	
d 2 should be filed within the and Mentel Hygiene. 7 Is marked other than traumatic event, the M	TOE	Mark Anthony Coe Arlene	L. Ro	bertson	
nod M	1-	19e. informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel	Poute Number	City or Town State	Zin Code)
		Peter S. Coe/ Grandfather 67 West Street, A			
m 2			-		
permit. Peges 1 er Department of Hea Important: If item; eny Injury or other		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece)		DAVIDSONVIL	
Peg Tent Int: I		4 Donetion 5 Other (Specify) Lakemont Cemetery 4/	7/97	Annanoli	s Md
permit. Per Department Important: eny Injury		21. Signeture of Funeral/Service floor see			
Depariment Important		I I S V/VID	lardes	ty Funer	al Home
		12 Ridgely Ave.,	Annap	olis Md	21401
		23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or shock, or heart failure. List only one cause on each line.	respiretory erre	est,	Approximate intervel Between
Physician					Onset end Death
/Medical		Immediate Ceuse (Finel			0/ 11
Examiner		disease or condition resulting in deeth) e. Pulmonary Hemorrhage			24 Hours
	<u>a</u>	Due to (or es e consequence of):			0.34
ed sit	흪	Autoimmune Disease			2 Mont
certificate be executed iding physician and issees the build-transit	Examiner	Sequentially list conditions, Due to (or es e consequenca of):			
ifficete be exe g physician e es the buriel-		Sequentially list conditions, if eny, leeding to Immediate cause. Enter Undertying Ceuse (Disease or injury			
ysic he b	/Medicai	thet initiated events resulting in death) Lest Due to (or es e consequence of):			1
certifice nding ph use es tl	8	resulting in death) Lest			
		d			
ette	cia		1		1
the d	Physicia	Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did to	bacco use contribu	te to the cause of deeth
d by			1 🗆 Ye	s ≵□ No 3□	Probably 4 Unknow
requires that the deeth wen signed by the etter hould be deteched for o	by				
-= W TO	Pe		24a. Wes er		. Were eutopsy findings evelleble prior to
> 10 0	Completed		periorii		completion of cause of deeth?
The levele ete hes pege 2	E				
Cete			X□ Ye	s 2 No	1★ Yes 2 No
Physician: The this certificate ral director, per	B	25. Was case referred to medical examiner?	(Check only on	9)	
le c	2	1 ☐ Yes 2 ☐ No Hospital: ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 ☐ Nursing Home	e 5 🗆 Reside	nca 6 □Other (Sp	ecity)
			d. Describe ho	w injury occurred	
ttending I death. stor: After y the funer	읈	1x Naturei 5 □ Pending (Month, Dey Year) Injury Work? 2 □ Accident Investigation M 1 □ Yes 2 □ No			
	fica	3 Suicide 6 Could not be 200 Pleas of Issue, Albama form about forters of the country of the cou	of Location (St	reet end Number or F	Bural Boute Number
after Direct	Certification:	4 ☐ Homicide determined building, etc. (Specify)	City or Town	, Stete)	turar riosie riamosi,
1578					
10 5	edical	29e. Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, en (Check only Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred	d due to the ce	use(s) end manner e	es steted.
2 2 2 3	8	one) end manner steled.	a et trie time, de	ne eno piaca, eno oc	ie to the cause(s)
NO DE	Σ	29b. Signature end title of cartilier 29c. License number	1/25	d. Dete signed (Mor	oth, Dey, Year)
		MINING OF CONTRACT (LAND) MIST STORIS	5 1	20/1.1	1997
1		Musique Conflue was two soore	11	1011 /11	11/
4		30. Name end address of person who completed cause of death (Item 23e) (Typa, Print)			
		Christiane C. Corriveau MD 9901 Medical Dr.,	Kock	ville, M	d 20850
	ate	31. Dete filed (Month, Dey, Yeer) 32. Registrer's Signature			
Regist	rar	APR 0 4 1997 Julia Savidson-Randelle			



A.M.

3. Time of Death

11

Birthpiece (Steta or Foraign Country)

physician and the burial-transit for usa as ed by the detached signed by t peen certificata has b Division of Vital funeral director, this daath. after death Director:

þ

Completed

2

Certification:

Medica

In by

Physician /Medical 4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 1905 Harrison Road Dunda1k 5. Sociel Security Number If Undar 1 Year | if Under 24 Hrs. 7. Age (In yrs. last birthday) **Funeral** 10XM 2□ F Months Days Hours Yrs. Director 240-20-7517 Usual Rasidance of Decedan tha Maryland 10a Steta 10h County 10c. City. Town or Location must be notified at Director Md. Baltimore Dundalk 10e. Street end Number 10f. Zip Coda with 1905 Harrison Road 21222 Funeral death 12. Wes Decedent Evar in U,S. Armed Forcas? 72 hours after 1 Yes 2 No If Yas, Giva Yaar or Dates: 1 □ Nevar Married 2 □ Married Baltimore, Maryland 21215-0020 þ 3 Widowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highest grade completed) filed within 7 Hygiena. Elementery/Secondery (0-12) Coilege (1-4or 5+) permit. Pagas 1 and 2 should be filed with Department of Haalth and Mental Hygien Important: if tem 27 is marked other that any Injury or other traumatic event, Inniverse 10th Ironworker 17. Father's Nema (First, Middle, Last) David H. Corl 19a. informant's Name/Reletionship (Type, Print) Margaret Lennon/Stepdaughter 20a. Mathod of Disposition 20b. Pieca of Disposition (Neme of cematary, cramatory or other place) XXBurial 2 Cremation 3 Ramoval from Stata Gardens of Faith 4 Donetion 5 DOthar (Specify) 21. Signature of Funeral Service Lig 23a. Part1. Entar the disease, or companions, or heart failure. List only or from that caused tha death. Do not entar the mode of dying, such as cardiec or respiratory errest, a cause on aech lina. **Physician** /Medical immediata Causa (Fina disaase or condition rasulting in death) Examiner Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury that initieted events rasulting in daath) Last Physician/Medical

Jan. 29, 1920 North Carolin 10d. Insida City Limits 1 ☐ Yes 2√ No 10g. Citizen of What Country? U.S.A. 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - Amarican indian, Black, Whita, atc. 1 ☐ Yas 2 ☐ No Specify: Specify: White 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry United Iron Workers 18. Mothar's Nama (First, Middla, Maidan Surnama) Agnes Cress 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 2201 Deadora Dr., BelAir, Md. 21015 Data 20c. Location - City or Town, Stata 4-4-97 Baltimore, Md. 22. Nama and Addrass of Facility Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd., Balto., Md. 21222 Approximete Intervei Between Onset and Death

2. Data of Death

8. Dete of Birth (Month, Day, Year)

Month

Apr.

Day 1997

4c. County of Death

Baltimore

Part II. Other significant conditions contributing to death/put not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Wes an autopsy performed?

24b. Wara autopsy findings aveilable prior to completion of causa of death?

1 Yas 2 No 26. Piace of Death (Check only ona)

28d. Dascribe how injury occurred

5 Rasidance 6 □Other (Specify)

1 Yas 20No

25. Was casa rafarred to medical axaminar? 1 Yas 2 No 27. Mannar of Death 1 Naturai

2 Accidant

3 Suicida

4 Homicida

5 Pending invastigation 6 Could not be datarmined

28a. Data of Injury (Month, Day Year)

32. Registrar's Signature

1 Inpatiant 2 ER/Outpatient 3 DOA 28b. Time of

Other: 4 Nursing Homa 28c. Injury at Work?

1□Yas 2□No 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28f. Location (Street and Number or Rurel Route Number, City or Town, Stata)

Certifying Physician: To tha bast of my knowladge, daath occurred at the time, dete end piece, end dua to tha ceusa(s) end mannar as stated.

Medical Examiner: On tha basis of axamination and/or investigetion, in my opinion, daath occurred at the time, data and piaca, and dua to the cause(s) and mannar stated. 29e. Cartifiar (Check only

end titia of certifier

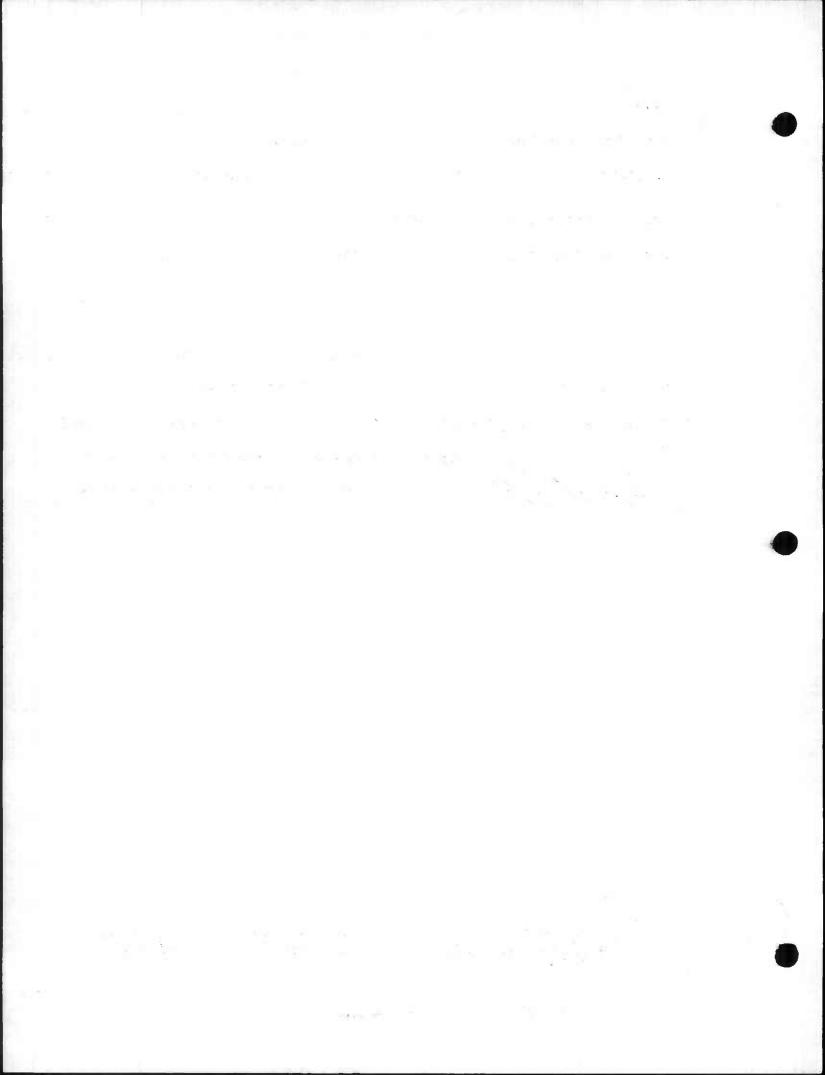
29c. Licansa numbar

29d. Deta signed (Month, Day, Year)

Name and addrass of person who completed causa of death (Itam 23a) (Type, Print)

Lewis Olsen M.D. 1012 North Pt. Rd. Eastpoint Medical Center Balto., MD. 21224

who Davidson-Randoll



Ple

			Car	tificate of	Death		-20			
Decedant's Nama (First, Middle, L	ast)		007	inoato oi	Dodin		2. Dete of Deeth	g. No.		3. Time of Death
Mary Francis Car							Month	Dey	Year	
					4h Oh, Ta		March		97	8:20 p.m
a. Facility Name (If not Institution, gi	va street and number)				4D. City, 10	wn, or Li	ocation of Death	4c. County	of Deat	n
Stella MAris				Williams Abda	Towso				ltir	
215-03-3923	1 M 2 F	a (In yrs. last bi 83	Yrs.	Months Deys	If Undar Hours	Min.	8. Dete of Birth (Month, Dey, March 27			hplece (Steta or Foreig untry) yland
sual Residence of Decedent Da. State 10b, County		10c, City, Toy	m or l or	nation						
		TOC. City, TOV								10d. Inside City Limits
Maryland Baltim	ore		To	wson						1 □ Yes 2√0,N
e. Street and Number				10f. Zip Code			10	g. Citizen of	What Co	ountry?
2300 Dulaney Val	lev Road			2	1204			US	SA.	
. Merital Stetus	12. Wes Decedent Armed Forces?	Evar in U,S.	13. W	as Decedent of Yes, specify Cut		gin? (Sp	ecity Yes or No-	14. Rac	e - Ama	rican Indien,
1 Nevar Married 2 Merried	1 Yes X2/X	No				, ruano	mican, a(C.)		ck, White	a, atc.
3√Widowed 4 □ Divorced	Yeer or Detes:		1	□Yes 2√XXX	Specify:			Specif	v: W	nite
15. Decedent's E (Specify only highest gr	ducation rade complated)	168	. Deced	ent's Usuei Occu kind of work done O NOT usa retin	pation during mos	of work	ing 1	6b. Kind of B	usiness/	Industry
Elementery/Secondery (0-12)	Coilega (1-4or 5)+)						Tr	CHA	2000
12	A)	<u>F</u>	xecu	itive Se					isura	ance
Fether's Neme (First, Middle, Las	•						e (First, Middle, M		ne)	
George C Schaefe					I	sabe	elle Tumb	leson		
e. informent's Neme/Reletionship	(Type, Print)						al Route Number,			
S.E.Murphy	Cousin				Road	Balt	imore, M	arylar	id 2'	1212
a. Method of Disposition	75	20b. Piece o	of Dispos	sition (Neme of setory or other pla	ice)		Dete 2	Oc. Location	City or	Town, Stete
1 Buriel XXCremation 3 4 Donation 5 Other (Special	ify)	Green	moun	t Ceme	tery		1/2/97 B	altimo	re,	Maryland
I Spinatura of Funeral Service Lice	My. 16	m the	6	Name and Addr	c Road	' ⊩ Bal	Mitchell- timore,	Maryla		
Part1. Enter tha disease, or con shock, or heert feilure. List on	polications that our sec one cause on each lin	I tha death. Do	not anta	r tha moda of dy	ing, such as	cardiec	or respiratory arras	St,		Approximate Interval Batween Onset end Deeth
nmediete Ceusa (Final				12					I	
sassa or condition sulting in deeth)	* Vascula	Due to (or es a			Righ	t_Le	g			days
					. D.				1	37
average the tipe and disease.	D.	Due to (or as a		Vasculai	. Dise	ase			1	Years
quentielly list conditions, my, leeding to immediate use. Enter Underlying		Due to (or as a	oursequ	once on):					1	
buse (Diseese or injury	c	D							i	
sulting in deeth) Lest		Due to (or as a	consequ	ence of):					1	

Physician /Medical **Examiner**

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hygiene. Improchant: If item 27 is marked other than "natural", or itams 23a or 28a-f ahow any Injury or other traumatic avant, I'm Medical Exempter must be notified any

Saltimore, Maryland 21215-0020

Physician

/Medical

Examiner

Funeral Director

Director

Funeral

à

Completed

Be

2

Examiner

Physician/Medical

by

Completed

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Certification: To

Medical

Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest

Pert II. Other significant conditi 1 Yes 2 No 3 Probably 4 Unknown 24b. Ware autopsy findings available prior to complation of cause of deeth? 24a. Was an autopsy 1 ☐ Yas 2 1 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospital: Other: 41 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3D DOA 28a. Dete of Injury (Month, Dey Year) 27. Mennar of Death 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending investigation Injury 1 Yes 2 No 2 Accident 8 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and mannar as stated.

2 Madical Examiner: On the bests of examinetion and/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and due to the ceuse(s) end mennar stated. 29e. Certifler (Check only one)

29c. License number

29d. Dete signed (Month, Dey, Year)

21204

ettending physician and for use as the bunal-transit Division of Vital Records, P.O. Box 68760. The law requires that the death certificate be the detached signed by t certificate hes page 2 ipital or Attending Physician: this aral Director: After heurs after death. filled in by

> State Registrar

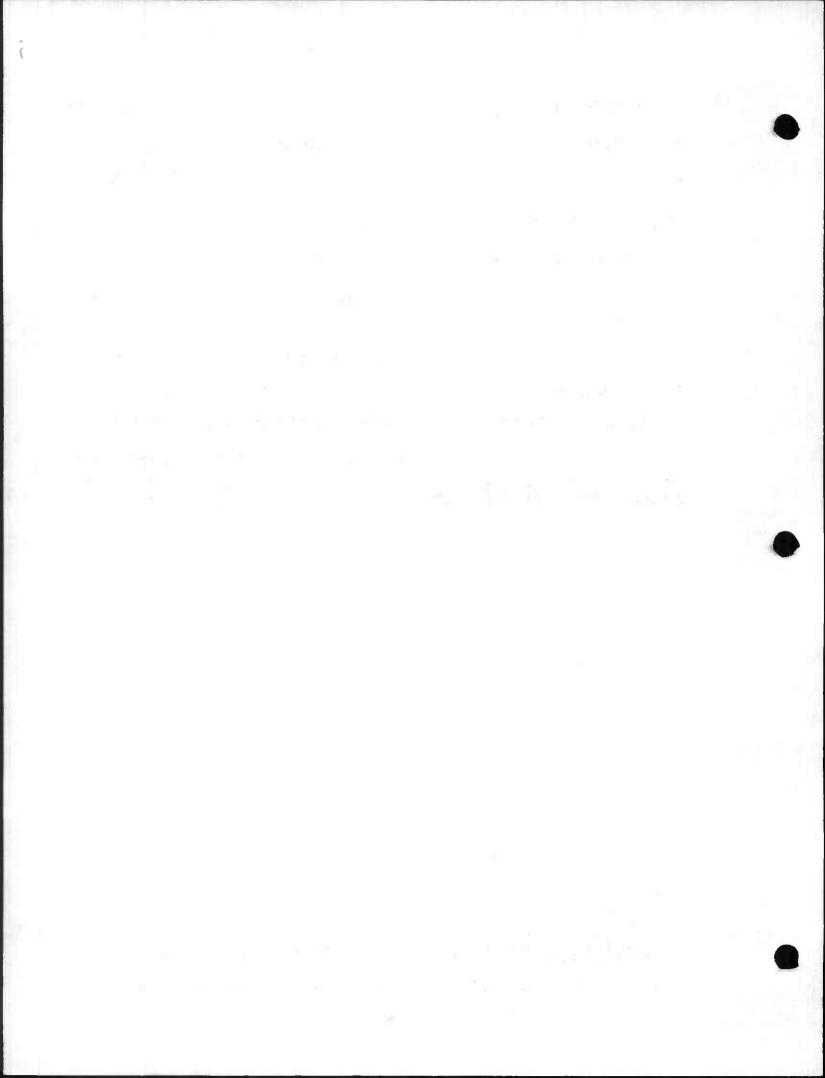
31. Dete filed (Month, Dey, Year) APR 0 4 199

29b. Signeture and title of certifier

Kendall Faulkner, M.D. 2300 Dulaney Valley Road, Towson, MD Registrar's Signetura us Davidson-Randell

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

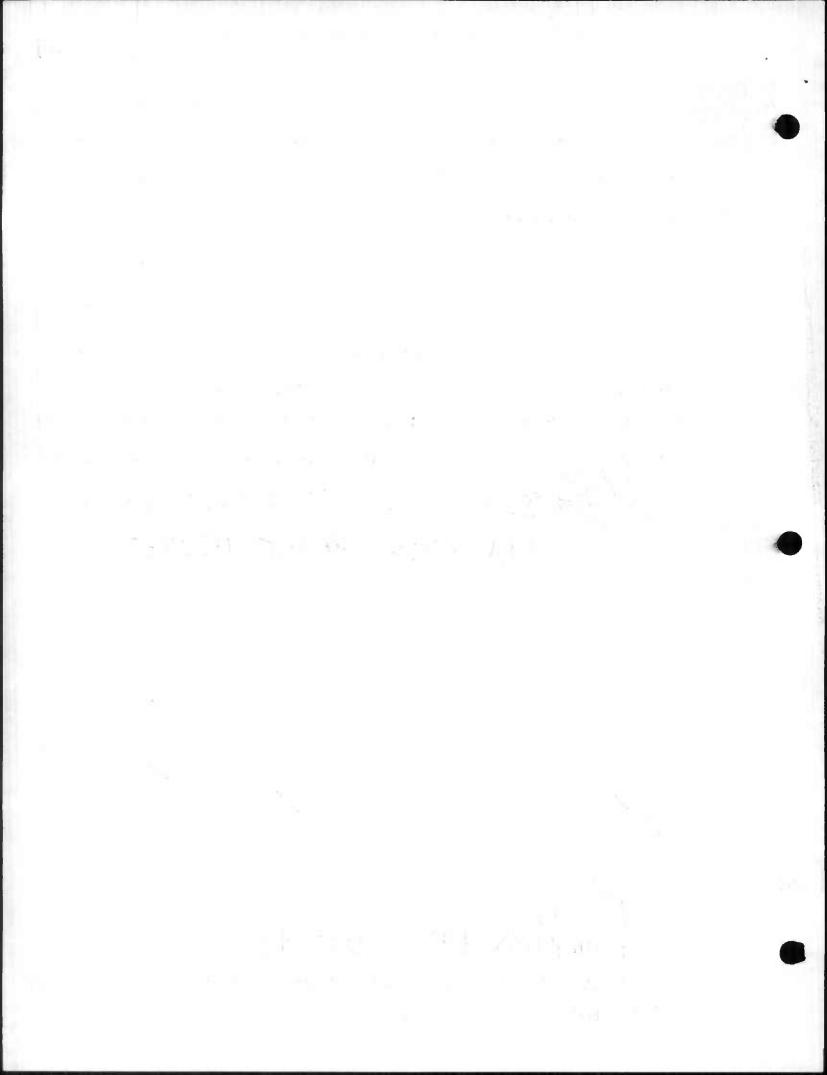
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

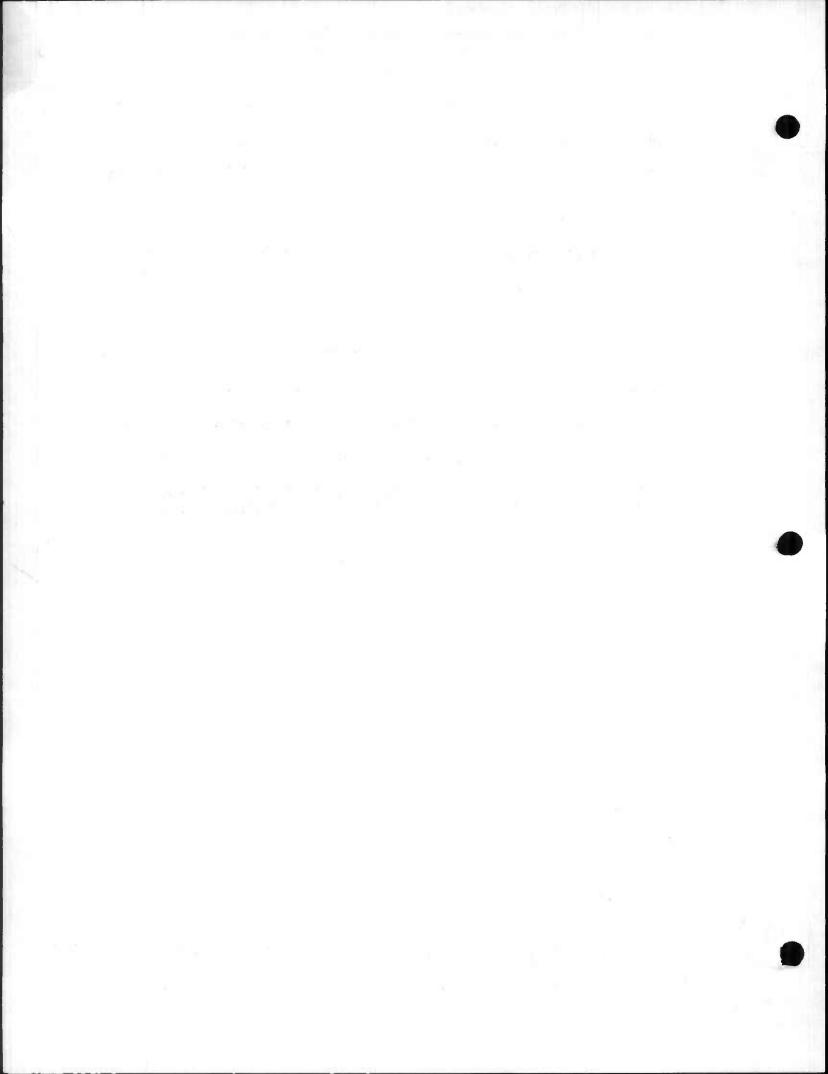
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month Dey Year **Physician** Paul Madison Tharp March 30, 1997 9:15 A.M. /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Golden Age Guest Home Sykesville Carroll County If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Months Deys 1₩ M 2□ F Yrs 212-36-6102 **Director** 97 January 24, 1900 Kentucky Usuel Residence of Decedent with the Marylend 10c. City, Town or Location 10a. Stete 10b. County permit. Peges 1 and 2 should be filed within 72 hours after death with the Manylen Department of Haelith and Mentel Hyglene. Imprortant: If item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Example man be notified as any injury or other traumatic event, the Medical Example. 10d. Inside City Limits Maryland Carroll County Marriottsville 1 ☐ Yes 2 ☑ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1749 Arrington Road 21104 Funeral U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. I X Yes 2 □ No If Yes, Give Yeer or Dates: WWII 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🖔 No Specify: by 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) 5 years Minister The Baptist Church 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be 10 John H. Tharp Flora E. Anderson 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Thelma D. Tharp - Wife 7425 Village Road Apt. #6 Syksville, MD 21784 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Maryland Veteran Cemetery 4/2/97 Garrison, Maryland 21. Signature of Funeral Syrvice Scensee 22. Neme and Address of Fecility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD List only one ceuse on each line. Approximete intervel Between Onset end Deeth **Physician** HEART /Medicai Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or as a consequence of): Examiner ician and burial-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of) physician s the burial Box 68760 Physician/Medical Due to (or es e consequence of): attending Pert II. Other significent conditione contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. Ž igned by 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown by 8 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed Deen page 2 å 2 No certificate 1 Yes 1 ☐ Yes 2 ☐ No iding Physician: 25. Was case referred to medical Be 26. Piece of Death (Check only one) 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA # 28a. Dete of Injury (Month, Dey Year) 27. Manual of Death 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury et Work? Attac Natural 5 Pending investigation after death. Director: At 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Homizal within 24 hours a To the Funeral D edical 29a. Certifier Certifying Phyelcien: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) end menner es steted. 2 Medical Examiner. On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signature a it® of certifier 29c. License number 93539 29d. Dete signed (Month, Dey, Year) 30. Name end eddress of person -684 A Poole Rd-Westminster, MD 21157 ONIO 31. Date filed (Month, Day, Year) State APR 0 4 1997

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Certificate		Death		g. No.		
	Dhusia		Decedent's Name (First, Middle, L	ast)					2. Date of Death Month	Day	Year	3. Time of Death
	Physic /Medi		Nicholas (J. Cappo	lloni				March	31 19	997	5:30pm
8	Exami		4a. Fecility Neme (If not institution, g	ive street and number,)		4b	o. City, Town, or Lo	ocation of Death	4c. County	of Death	
			5520 McCorm	ick Ave.				Balti	more	1	n/a	
	Funeral Director		5. Social Security Number 6. 213–03–8312 Usual Residence of Decedent	Sex 7. Ag 1 ☑ M 2 ☐ F	ge (In yrs. last t 80	Yrs. H Under 1 Months	Year Days	If Under 24 Hrs. Hours Min.	8. Date of Birth Month, Day July 13	1916		lace (State or Foreign try) yland
	dand w		10a. State 10b. County		10c. City, To	wn or Location				·	11	0d. Inside City Limits
	he Man	Director	Md. n/a			Baltim			ī			Yes 2□No
	23e or 2	rai Dir	10e. Street and Number 5520 McCormic	k Ave.		10f. Zip C	ode	21206	10	g. Citizen of V		try?
020	within 72 hours after death with the Maryland ene, than "naturel", or items 23s or 28s-f show ha Modical Evanirer must be notified at	by Funeral	11. Marital Status 1 Never Married 2፫ Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 ☑ Yes 2 ☐ If Yes, Give Year or Dates:		13. Was Deceder If Yes, specify 1 Yes 2		panic Origin? (Spe , Mexican, Puerto Specify:	ecify Yes or No- Ricen, etc.)		e - Americ ck, White, o : Wh:	
Maryland 21215-0020	i within 72 h jiene. r then *netu	Completed	15. Decedent's I (Specify only highest g	rade completed)	16	a. Decedent's Usual ((Give kind of work life. DO NOT use	Occupat done du retired)	ion uring most of work	ing 1	6b. Kind of Bu	usiness/Inc	lustry
21	13 FB 1	mo:	Elementery/Secondary (0-12)	College (1-4or	5+)	Superv				City	Gove	rnment
pu	be filed tal Hygid d other	Be	17. Father's Name (First, Middle, Las	t)				18. Mother's Name	e (First, Middle, M	alden Sumam	ie)	
yla	should be ind Mental marked o	To	Joseph Cappo	lloni				Rose D'	Emela			
lar	and and		19a. Informant's Name/Relationship		1	b. Mailing Address (S	Street ar	nd Number or Run	al Route Number,	City or Town,	State, Zip	Code)
	of Health item 27 l		Margaret Cappo	lloni/wife		5520 McC		ck Ave.	Baltimo	ore Md.	2120	06
Baltimore,	permit. Pages 1 Depertment of H Important: If ite any Injury or ot		20a. Method of Disposition 12 Burlal 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec		cemet	of Disposition (Name ery, crematory or othe ens of Fair	er place		Date 2	oc. Location -		
Ball	Depending Support		21. Signeture of Funeral Service Lice	10	10	22. Name and Connel	IV F	uneral H	lome of E	Essex		
			23a. Pert1. Enter the disease, or cor shock, or heart failure. List on	nglications that ceuse	d the death.	300 Mac	Ce A	ve. Balt	imore Mo	2122 st. 2122	1	Approximate
U	Physician		shock, or heart failure. List only	ne cause on each li	ne.		, ,				i	Intervel Between Onset end Deeth
	/Medical		Immediete Ceuse (Final disease or condition		o.t.	e Leu	160				į	2 month
ı	Examiner		resulting In death)	a		consequence of):	NE	mia				Z MONTH
-	n #	ner			(0. 0.)	001,000						
oʻ.	icate be executed physicien and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. —————	Due to (or as a	consequence of):						
c 68760,	E B	Medical	Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or es e	consequence of):						
Вох	ath ce ttendi	Physician/M		d								
	the a	/sic	Part II. Other significant conditiona	contributing to death b	ut not resulting	in the underlying ceu	se giver	n In Part I.	23b. Dld tob	acco use co	ntribute to	the cause of death?
s, P.O.	res thet the death cer signed by the attendir be deteched for use	by Phy							1 □ Ya	2 ☑ No	3 Prob	pably 4 Unknown
Division of Vital Record	v requir	Completed							24a. Was an perform		eva	ere autopsy findings ailable prior to mpletion of ceuse death?
<u> </u>		Con							1 □ Yes	2₽No	1 🗆	Yes 2□ No
/ita	ortific setor,	Be	25. Was cese referred to medical examiner?		3			26. Place of Death	(Check only one)		
5	0 0	2	1□ Yes 2□ No	Hospital: 1 Inpatie				4 Li Nuising no	me 5 PResider)
sion (To the He spital or Attanding Physician: Thin four sites death. Funcie Director: After this certific completely filled in by the funeral director.	Certification:	27. Manner of Deeth 1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation		y Year) 28b.	Time of 28c Injury M	i. Injury a Work? 1 □ Ye	es 2 No	28d. Describe how	v injury occuri	ed	
N N	pital or Att burs after d erei Diract filled in by	Certifi	3 Suicide 6 Could not learning		ury - At home, i c. (Specify)	farm, street, factory, o	office		28f. Location (Stre City or Town,	eet and Numb State)	er or Rura	Route Number,
-	Hapita hours Funerel letely filled	edica!	29a. Certifier (Check only one)	nysician: To the best miner: On the basis of end manner st	examinetion e	e, death occurred at nd/or investigation, In	the time my opli	, date and place, a nion, death occurr	and due to the cet ed at the time, dat	use(s) and ma te and place, a	nner as stand due to	eted. the cause(s)
A	omp	N S	29b. Signature end title of certifier	_	Attend	ing 29c. L	icense i	number	29	d. Date signe	d (Month, L	Day, Year)
γī	1		Maria	I fon	oncol	ugist r	0	Mazn	I	1:00F	7	1997
_	10		30. Name and address of person who	completed ceuse of d	leath (Item 23a)	(Type, Print)		110	1	Trill	~1	(1/+
	Sta	to	MARVIN J. F. 31. Date filed (Month, Day, Year)	ELDMAN	, MD.	301 ST.P.	AUL	PL. #	407T	BA LT	0,1	12.21202
	Registr		APR 04 1997	guna varia	son-Hand	116						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Yee Albert D'Annunzio April 1997 1:03 a.m. 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth St. Agnes Hospital Baltimore 5. Sociel Security Number If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) Days 1₩ 2□ F 79 215-03-4441 Yrs Dec. 29, 1917 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore Baltimore 1 Yes 21 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 5625 Carroll Street 21207 United States 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Raca - American Indian, Bieck, White, etc. 11. Marital Status 1⊠Yes 2□No 1943— If Yes, Give Year or Dates: 1946 1 Never Married 2X Married 1 ☐ Yes 2 ☑ No Specity: White Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decadent's Education 16a. Decadent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) Eiementery/Secondery (0-12) Coilege (1-4or 5+) N/A Mechanic Flooring 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Joseph D'Annunzio Lena Sinatra 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Jhonni D'Annunzio 5625 Carroll Street, Baltimore, MD 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stete ty Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Loudon Park Mausoleum 4/3/97 Baltimore, MD 22. Name end Address of Fecility Loudon Park Funeral Home 21. Signature of Funerei Service Licensee 3620 Wilkens Ave., Baltimore, MD

permit. Pages 1 and 2 should be filed within 7. Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "na any injury or other traumatic event, The Meda. 2008. **Physician** /Medical

Physician

/Medical

Examiner

10e. Stete

Funeral

Director

28a-f show

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Items 23a

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"natural",

the Medical Examiner must be notified at

Director

Funeral

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Completed

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death

altimore, Maryland 21215-0020

Examiner

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page 2 certificate hes

director,

After this

Director: A

within 24 hours efter d To the Funeral Direct completely filled in by

USB 85

The law requires that the death certificate be executed

P.O. Box 68760.

Division of Vital Records,

the Hospital or Attanding Physician:

deeth.

Physician/Medical þ Be Completed P Certification:

Medical

disease or condition resulting in deeth) ANASARCA

3 Suicide

29a. Certifier

4 Homicide

(Check only

Immediate Ceuse (Final

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in death) Lest

Due to (or es e consequenca of) Due to (or as a consequenca of):

1. Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, in or heert feilure. List only one ceuse on each line.

CONGESTIVE HEART FAILURE

Due to (or es e consequença of)

Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. CELLULITIS

24a. Was en eutopsy 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify)

25. Wes case referred to medical 1 Yes 2 No Mnpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 1X Natural 5 Pending investigation 2 Accident

28e. Place of injury - At home, farm, street, fectory, offica building, etc. (Specify)

1 Yes 2 No 28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 Yes

28d. Describe how injury occurred

one) 29b. Signature end title of carried

6 Could not be determined

29c. License number D44701

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

PAIRACH PINTAVORN

900 CATON AVE., BALTIMORE, MD 21229

State Registrar 31. Date filed (Month, Day, Year) APR 0 4 1997 32. Registrer's Signeture Sulia Davidson

DHMH 16 Rev 6/95

29d. Date signed (Month, Day, Year)

23b. Did tobacco use contribute to the cause of death?

1 Tes 2 No

20XNo

Approximate Interval Between Onset and Death

3 ☐ Probably 4 1 Unknown

24b. Were eutopsy findings eveileble prior to

completion of cause

1 ☐ Yes 2 ☐ No

DAYS

1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner stated.

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State of Maryland / Department of Health and Mental Hygiene

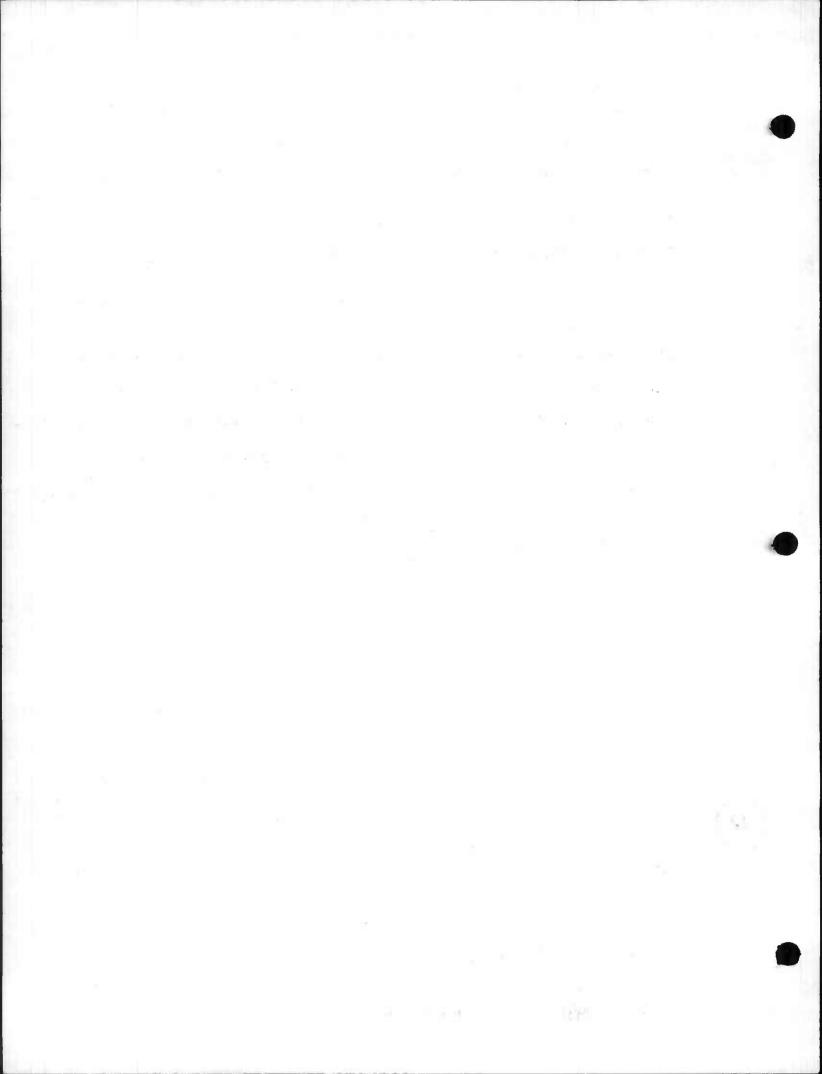
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Physic /Medi		CHAQUETTA			EDW	EDWARDS				MARCH 3			997	2:	55 PM			
Exami		4a. Facility Name (If not institution, giva street end number)							4b. City, Town, or Locat		- T		of Death		0 211			
		2000 BLK.N.GUILFORD AVE.			•	F			BAL	TIMORE		NA						
Funeral Director		5. Social Security Number		6. Sex 7. Aga (In yrs.		rs. last birthdey Yrs.	Months Devs		If Undar Hours	24 Hrs. Min.	8. Date of Bir (Month, De 12-2	orth 9. Bi		9. Birthple Country Md	Birthplece (Stete or Foreign Country) Md.			
pu »	Completed by Funeral Director	Usuel Residence of Dece	dent County		10-	Olav Town and												
anyla shon						City, Town or L								100	10d. Inside City Limits			
Sa-f		Md.	NA			Balti	nore								1∏Yes 2∏No			
23a or 2		10e. Street and Number 2801 W. Lanvale Street					10f. Zip Code 21216					10g. Citizen of Whet Country? USA						
is 1 and 2 should be filed within 72 hours efter deeth with the Manyland of Heelih and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinet must be incitied at		11. Marital Status XIXNever Merried 2 3 □ Widowed 4 □ □	12. Wes Dec Armed Fa 1 Tes If Yes, Gi Year or D	2 No ve	U,S. 13.	S. 13. Wes Decedent of Hispanic Origin? (Spe If Yes, specify Cuben, Maxican, Puerto 1 ☐ Yas 2 ☑ No Specify:					acity Yes or No- Rican, atc.) 14. Race Bleck Specify:			e - American Indien, ck, White, atc.				
72 h		15. D	ecadent's E	Education grade completed)		16e. Dece	16e. Decedent's Usuel Occupation					16b. KI	nd of Bu	usiness/Indu	stry			
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Depermination in police.		21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Baltimore, Maryland WM.C. March FH 1101 E. North Avenue 2120												2120				
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Physician /Medical Examiner		23a. Pert f. Enter the disa shock, or heert feilu tmmediete Cause (Final disease or condition resulting in death)	re. List <i>o</i> nly	e. Mu	(tipl	7	insha		/ .						ntervel Onset e	Between nd Death		
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lan e		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury																
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no pri	Jed	resulting in death) Last																
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death e ette kd for	Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute										ntribute to t	he cau	se of death?				
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To the Hospital within 24 hours a To the Funeral D completely filed	Medical	29a. Certifier (Check only one) 1☐ Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, date and plece, 2☒ Medical Examinar: On the basis of exeminetion end/or investigation, in my opinion, death occur end menner steted.									, end dua to the ceuse(s) end menner as steted. rred et the time, date end plece, end due to the ceusa(s)							
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6		30. Neme end eddress of	person who	completed caus	se of deeth (It	em 23e) (Tvpe	Print)											
7		Dennis J.	NW.	re MD				tr	eet,	Bal	Ltimor	e, N	Mary	yland	2:	1201		
		TALLILIS O.	UPILA	I TI														

State Registrar

=2. Registrar's Signeture



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medica Examine

Funeral Director

permit. Pagas 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mantal Hygiane. Important: If them 27 is marked other than "natural", or items 23a or 28a-f show any injury or other transmits event, I'm Macical Experiment must be notified as

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

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To the Hospital or Attacking within 24 hours after desired To the Funeral Director completely filled in by the

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Co											1 🗆	Yas	No No	1	Yes	2 X No	

1 🗆 Yas 26. Placa of Daath (Check only ona)

25. Was cesa refarred to medical axaminar?
1 ☐ Yes 2 ☒No 27. Mannar of Death

5 Panding invastigation

Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 6 Could not ba 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

Other: 4 ☐ Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify) 28b. Tima of Injury 28c. Injury at Work? 1 🗌 Yas 2 No

28d. Describe how Injury occurred

29a. Certifian

2 Accidant

3 ☐ Suicida

4 Homicide

1 Cartifying Physicien: To the best of my knowledga, daath occurred at the tima, deta and place, and dua to tha causa(s) and manner as steted.
2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the causa(s) and manner stated.

29b. Signatura and little of condifian

29c. Licansa number D 37245 29d. Data signad (Month, Day, Yaar) - 2 - 97

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Nama and address of person who completed cause of deeth (Itam 23a) (Type, Print)

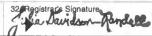
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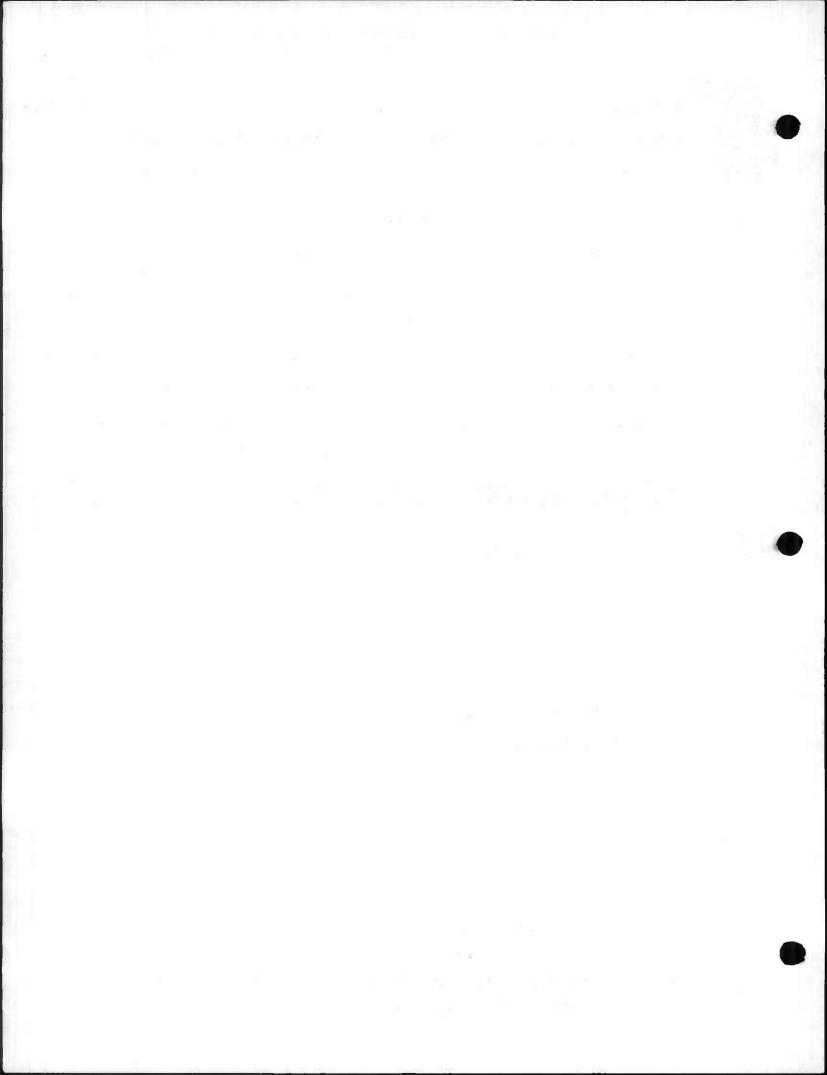
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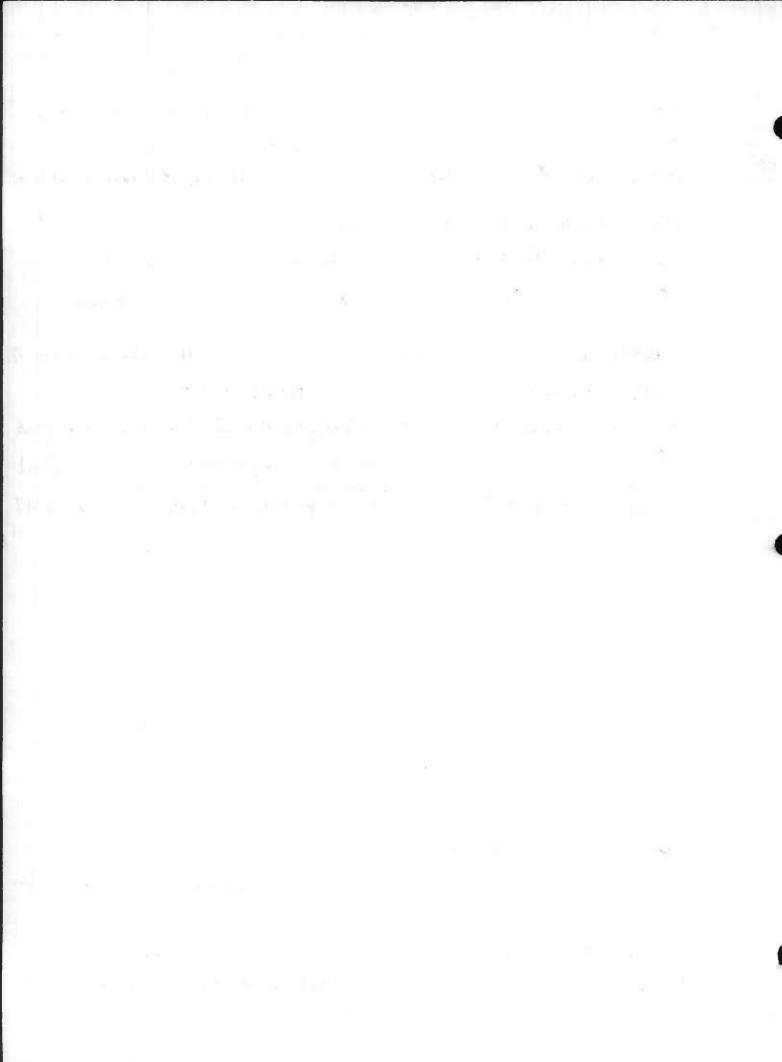


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	Funeral		5. Sociel Sacurity Number 6. Se:			dar 1 Yaar	If Under 24 Hrs.	8. Date of Birth (Month, Dey,			ace (State or Foreign
L	Director		219-12-3125 1) Usual Residence of Decedent	(M 2 F 7	Yrs. Month	ns Deys	Hours Min.	Month, Day,		Count	ARundel, County
	be filed within 72 hours after death with the Meryland ntal Hygiene. Id other than "natural", or items 23s or 28s-f show event, the Medical Evarians must be notified at	ctor	10e. State 10b. County Md. Anne Arus	0	Town or Location	nie				10	Od. Insida City Limits 1 ☐ Yas 2 No
	th with th	Funeral Director	10e. Street end Number	Neak Road	10f.	Zip Code	160	10	Og. Citizen of V	Vhet Count	ry?
	dea	ner	11. Marital Status	12. Was Decedent Ever in U,S Armed Forcas?	S. 13. Was De	cedent of H	lispanic Origin? (S en, Mexican, Puert	pecify Yas or No-		- America	
020	ours after	þ	1 Never Married 2 Merried 3 Widowed 4 Divorced	1 XYes 2 No If Yes, Give Yeer or Dates:		2 No	Specify:	o nican, etc.)	Specify	k, White, e	uck
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Maryland	d 2 should be the end Menta T is marked traumatic en	ပို	19e. Informent's Name/Relationship (Ty	ne Print)	19h Mailing Addr	nee (Street	and Number or Pi	rel Route Number,	City or Town	State 7in	Codel
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п			23e. Pert1. Enter the diseese, or compli shock, or heart failure. List only or	cations thet caused the death	. Do not enter tha m	ode of dyin	g, such es cardiac	or respiratory erre	est,	3,	Approximete Interval Batween
л	Physician			io occor on occor mio.		-					Onset end Death
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Ö	the de ny the a	Physician	Pert II. Other significent conditions con	tributing to deeth but not resul	Iting In the underlyin	g cause giv	en in Pert I.	23b. Did to	bacco use con	tribute to	the cause of death?
ď	that the death ed by the atte deteched for							1 □ Ye	s 2 No	3 Prob	ably 4 Onknown
ds,	se us	by									
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E C		ioi	1 □ Naturel 5 □ Pending	(Month, Dey Year)	Injury a	28c. Injun Worl		280. Describe no	LOUS!		16
S.	Attending ir death. ector: After by the fune	cat	3 Suicide 6 Could not be	6 0847	, ,		Yes 2 Mo	10 0			
Division		Certification:	4 Homicide determined	28a. Place of Injury - At hor building, etc. (Specify)		ory, office		28f. Location (Str City or Town	Stete)	er or Rural	Route Number, MU
	ital c			1651 DE	ence			364 HAR	ney Na	cker	, B. Aruns
	Hospital or 24 hours efte Funeral Dir tely filled in	edical	29e. Certifier 1 Certifying Phys	ician: To the best of my know her: On the basis of examination	riedge, deeth occurre	ed et the tim	ne, dete end place	end due to the ce	use(s) end me	nner es ste	the cause(s)
	To the Hospital or within 24 hours efter To the Funeral Dir Completely filled in		one) XX	and menner stated.					una piace, e		00000(3)
	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Σ	29b. Signature end title of certifier	11.		29c. License	e number	29	d. Dete signed	(Month, E	ley, Year)
	DX.		Munte	Mall		0 0	M.E.	, a	A DOIL	20 1	007
	2		30. Name and eddress of person who co	mpleted cause of deeth (Item	23e) (Type, Print)	0.0	e IVI e Ei e		1ARCH_	49,1	331
	JA		HARYDOWN A.	Coron.		nn St	reet, I	Baltimo	ce, Ma	ryla	nd 21201
	Sta	te	31. Date filed (Month, Day, Yeer)	32. Register's Signal							
-	Registr		APR 0 4 19	97 Julia Da		25					



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death 345 **Physician** ELLINGHAUS Month HELEN MARIE 24 3 /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** HOME HOSPITAL BALTIMORE CHURCH 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. Birthplece (State or Foreign Country) **Funeral** 1□M 2▼F Deys 220-05-3295 Yrs. Director Usual Residence of Decedent the Maryland 10a. State 10b County 10c. City, Town or Location tem 27 is marked other than "natural", or flems 23a or 28a-f show other traumetic event, the Medical Exposiner must be notified at 10d. Inside City Limits MD BALTIMORE Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death with 3826 AVENUE FAIT U.S.A. 21224 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 D No If Yes, Give Year or Detes: 11. Maritel Status Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced WHITE Completed 15. Decadent's Education 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) permit. Peges 1 and 2 should be filed within Department of Health end Mentel Hygiene important: if Item 27 is marked other than "r any Injury or other traumatic avan" Elementary/Secondary (0-12) College (1-4or 5+) DOMESTIC HOUSEWIFE 12 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be JOSEPH JOHN REINSFELDER KATHERING SOBOLEWSKI 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21057 4534 LONG GREEN RD LAWRENCE ELLINGHAUS SON GLEN ARM, MO 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Buriel 2 Cremetion 3 Removel from State 3/31 4 ☐ Donetion 5 ☐ Other (Specify) SACRED HEART OF JESUS BALTIMORE, MD 21. Signeture of Funeral Service Licensee

22. Name end Address of Facility

23. Name end Address of Facility

24. Name end Address of Facility

25. Continue of S. Continu BALTE Approximete fntervel Betw Onset end Death **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in death) Examiner Examiner bunal-trensit certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequenca of): P.O. Box 68760. ettending physician Physician/Medical the Due to (or as e consequence of) 98 for Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contributa to the cause of death? es been signed by the 30 No 3 Probably 4 Unknown Records, b 24b. Were eutopsy findings eveilable prior to completion of cause of death? Completed 24a. Was en eutopsy performed? certificate hes page 1 Yes 2 No 1 ☐ Yes 2 ☐ No ivision of Vital Attending Physician: 25. Was case referred to medical examiner?

Yes 2 No Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. fnjury at Work? Certification: 28d. Describe how injury occurred After 5 Pending Investigation Natural 2 Accident After death. 1 ☐ Yes 2 ☐ No the 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 determined 4 Homicide Cartifying Phyeician: To the best of my knowledge, death occurred at the time, dete and place, end due to the ceuse(s) end manner es stated.

| Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier Medical 8 29b. Signature and title of certified 29c. License number 29d. Date signed (Month) Day, Year)

of death (Item 23a) (Type, Print)

32 Registrar's Signature of

Baltimore, MD

State Registrar

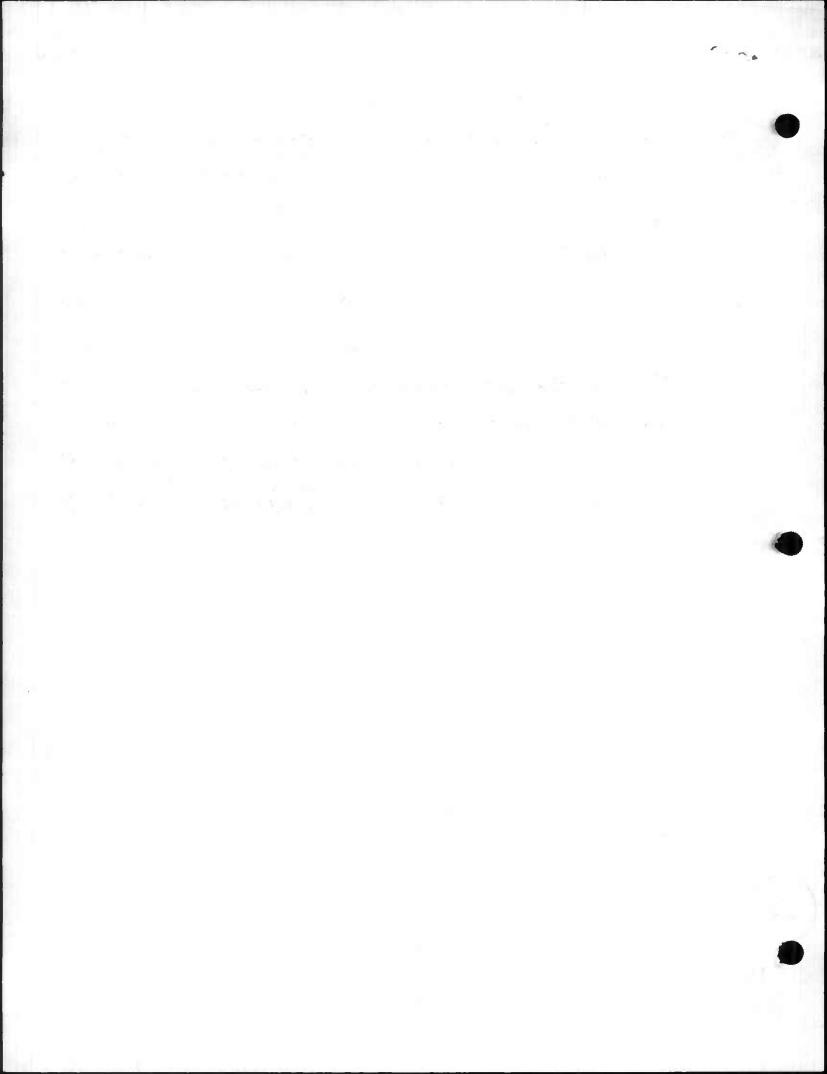
30. Name and address of person who completed cause

23 23

31. Date filed (Month, Day, Year)

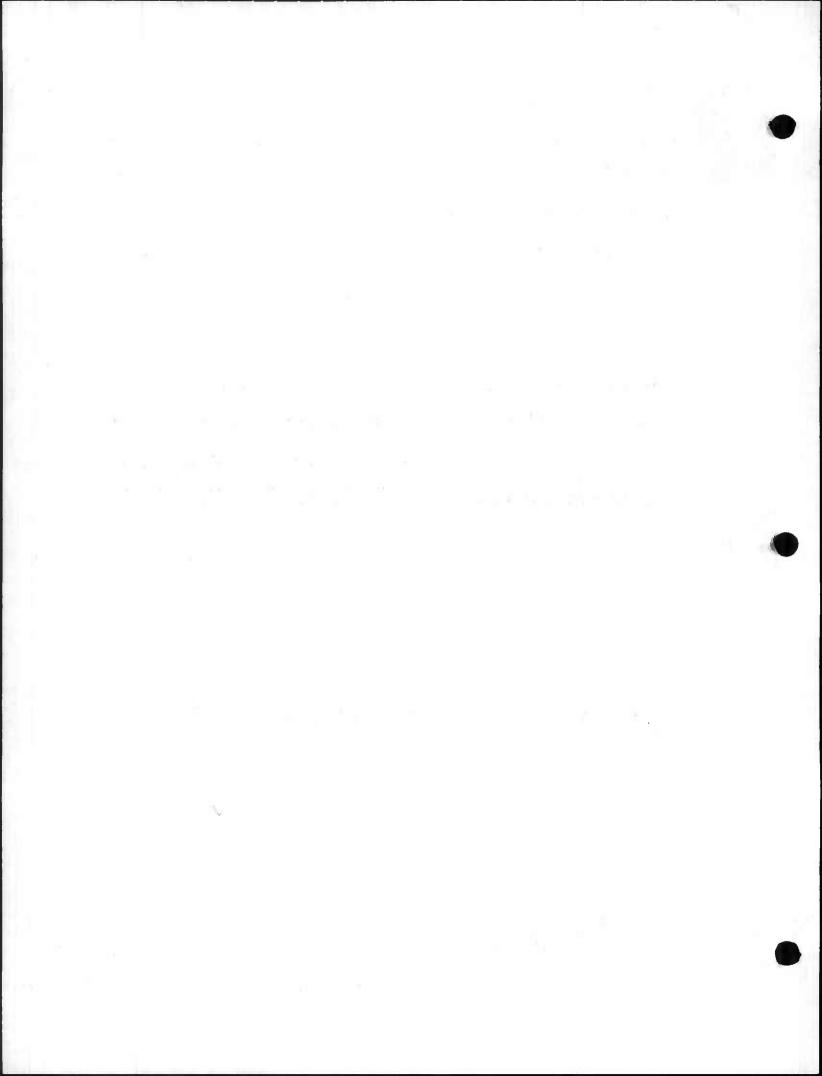
APR 0 4 1997

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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П			1. Decedent's Neme (First, Middle,	Last)								2. Date of D				3. Time of Dec	ith
	Physic /Medi		Norman U. Eb	augh								April		, 199	Yeer 97	7:30p	m
	Exami		4e. Fecility Neme (If not institution,	give street and n	u <i>mber</i>)					4b. City, To	own, or Lo	ocation of Dee		c. County		7.000	
			1213 Poplar	Avenue						Arbu	tus		I	Balt:	imor	6	
	Funeral	Г	5. Sociel Security Number	6. Sex	7. Age	(In yrs. last l	oirthdey)		r.1 Year	If Under	24 Hrs.	8. Date of Bi (Month, D					reian
d.	Director		213-10-0034	1 2XM 2□ F		91	Yrs.	Months	Deys	Hours	Min.	(Month, D	ey, Yea	1905	Mar.	leca (State or Fo try) yland	
	ט		Usuel Residence of Decedent									000.2	.07.	1303	rial	yranu	
	ylan M		10a. Stete 10b. County			10c. City, To		cation							10	0d. Inside City Li	mits
	Ma	to	Maryland Balt	imore		Arbu	tus									1 ☐ Yes 2€	No
	r 28	je je	10e. Street end Number					10f. Zij	p Code				10g. C	itizen of W	het Coun	trv?	
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	n 72 hours after death with the Maryland "netural", or frems 23s or 28s-f show folical Examiner must be notified at	Funeral Director	11. Maritel Status	12. Wes De	cedent E	ver in U,S.	13. V	Vas Dece	dent of I	- Hispanic Or	igin? (Sp	ecify Yes or N	0-	14. Race	- America	an Indien,	
	r he		1 Never Married 2 Marrie		28 No	o	"	Yes, spe	city Cub	en, Mexica	n, Puerto	Rican, etc.)		Bleck	k, White,	etc.	
mail 3 mile 2 12 10 0020	urs a	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Yeer or	ive		1	□Yes	≥ No	Specify.				Specify:	whi	t o	
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i	0000	ToB	Simson Ukysse	es Ebau	qh					Sar	ah I	Rosell	e F	fouch	1		
-	2 should be and Ments is marked	-	19e. Informent's Name/Reletionshi	ip (Type, Print)		15	b. Mailin	a Addres	s (Street			al Route Numb	_			Code)	
	2 2 2 2		Martha Ebaugh													nd 212	27
•	Health Health am 27 i		20e. Method of Disposition		-	20b. Placa camei						Date		Location - 0			_ /
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Carrier Co.	permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Servica Li	censee	0	Λ				Fune		Home,	Tr		7 mh	utus	
	00200		Will to	AMU	141	l	13	328	Su1	phur	Spi	ring R	oad	1		227	
			23a. Part1. Enter the disease, or of shock, or heert failure. List of	omplications that	caused to	he death. Do	not ente	er the mod	de of dyl	ng, such es	cardiec	or respiratory	errest,			Approximete Intervel Between	
	Physiclan			1	. /)	/		,			^ .		0		Onset end Deet	
	/Medical		Immediete Ceuse (Final disease or condition	H	H	un a	cli	2 4 1	ti	0	(LA 0	liou	(100	4.0.		1 see	0
	Examiner		resulting In death)	θ.	D	ue to (or es	conseq	uence of):				X (O V	00	~~	~ 0	000 000	
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	certificate be executed ding physician and ise as the burial-transit	Examiner	Sequentially list conditions.	b	D	ue to (or es a	consequ	uenca of):									
	an an an an an an an an an an an an an a		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury														
60000	ysici	/Medical	thet initieted events	c	D	ue to (or es e	consequ	ence of):									
	certificate buding physic	Je J	resulting In deeth) Last			(1		
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1	es that the death igned by the atten be detached for u	by Physician	Part II. Other significant condition	s contributing to a	leath hut	not resulting	In the un	derlying	rausa ni	ven in Dert		23h Did	tohaco	o Hee con	tribute to	the cause of de	nth?
	by the	hys	11 00 1	e contributing to c		A	1.	dorlying (1							
	that ned by a deta	y P	Hypertens	cm	9	al	eres	ne	للك	eto		14	7448	2□ No	3 Prob	ably 4 Unk	iown
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1	B 8 C	Completed													of c	leeth?	
	E ag ag	ပိ										1 🗆	Yes !	NO	1 🗆	Yes 2□ No	
!	Physician: The this certificate and director, page	Be	25. Was case referred to medical examiner?								of Deetl	h (Check only	one)				
	5 00	P	1 □ Yes 2 □ ONO	Hospital:	Inpatient	t 2□ ER/0	Outpetient	3□ D0	Oth Oth	ner: 4□ Nu	ırsing Ho	me 5 Res	idenca	6 □Othe	r (Specify)	
	ding P th. After the	ü	27. Manner of Deeth Natural 5 ☐ Pending	28a. Date (Mor	of Injury	Yeer) 28b	Time of Injury	2	28c. Injui Wo	ry et rk?		28d. Describe	how Inj	ury occurre	ed		
division of vital necolus,	Attending or death. ector: After by the fune	Certification:	2 Accident investiga					М		Yes 2□	No						
	affer deat Director: In by the	Ĕ	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	ed 289. Plec	e of Injur	y - At home, (Specify)	iarm, stre	et, fector	y, offica			28f. Location (City or To			r or Rural	Route Number,	
)	ptal or Attending Phors after death. ral Director: After thi	Cer				(0,000)						0.1, 0. 70	, 0.0	,			
-	200	cai	29a. Certifier Certifying	Physicien: To the	e best of	my knowledg	e, deeth	occurred	et the tir	me, date en	d pleca,	end due to the	ceuse(s) end mer	ner es ste	eted.	
,	25.5	edical	one)	caminer: On the be end man	ner state	ed.	novor inv	estigation	, in my c	pinion, dee	in occurr	ed et the time,	date er	nd placa, e	nd due to	tne cause(s)	
J	1 0	Σ	29b. Signature and title of certifier	1				29	c. Licens	e number			29d. D	ate signed	(Month, E	Dey, Year)	
1			Y / / / / /	1		W	-		7	201	85		1	20:1	2	1990	
-	-,6	1	30. Name end eddress of person w	ho completed cau			(Type F	Print)		201	.)		MA	VI /	0	Miller	
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			A11 1/ - 1001	()													



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene / Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death APRIL 02 **Physician** (9977 HAROLD EMMEL 06/0hrs /Medical 4a. Facility Name (If not institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Randallstown

If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) Northwest Hospital Center Baltimore 5. Social Security Number 6. Sex 12 M 2□ F 7. Age (In yrs. last birthdey) Birthplace (Stete or Foreign Country) **Funeral** Months Yrs. Director 215-03-761 80 May 10, 1916 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits ir than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 1 No Director Maryland Baltimore Randallstown 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3801 Schnaper Dr. Apt 228 **USA** 21133 12. Was Decedent Ever in U,S. Armed Forces?

1 1 19 Yes 2 1 No If Yes, Give Yeer or Dates: WW2 14. Race - American Indian, Black, White, etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or ther any injury or other trauments event, the Medical Examines 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ 3 ☑ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 6th Grade Guard Martin Marietta 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be August Emmel Helen Ohara 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ms. Goldie Wall 3801 Schnaper Dr. Apt 228 Randallstown, MD (Friend) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Carroll Cremation, Inc. 4-4-97 Hampstead, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** /Medical tmmediate Ceuse (Final SCHEMIC disease or condition resulting in death) **Examiner** sician end buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last physician s the buriel e 12hrs Physiclan/Medical Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown EMPHYSEMA, HASCVD by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 1 Yes 2000 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☐ No 2 1 Sinpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death 28b. Time of 28c. injury et Work? 28d. Describe how Injury occurred After 5 Pending investigation 1 Naturai 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide In by t

P.O. Box 68760 Records. Division of Vital Hospital or Attending P 24 hours effer deeth. Funerel Director: After t

6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 D Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier

29c. License number

(Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Dey, Year)

Da A MENDING

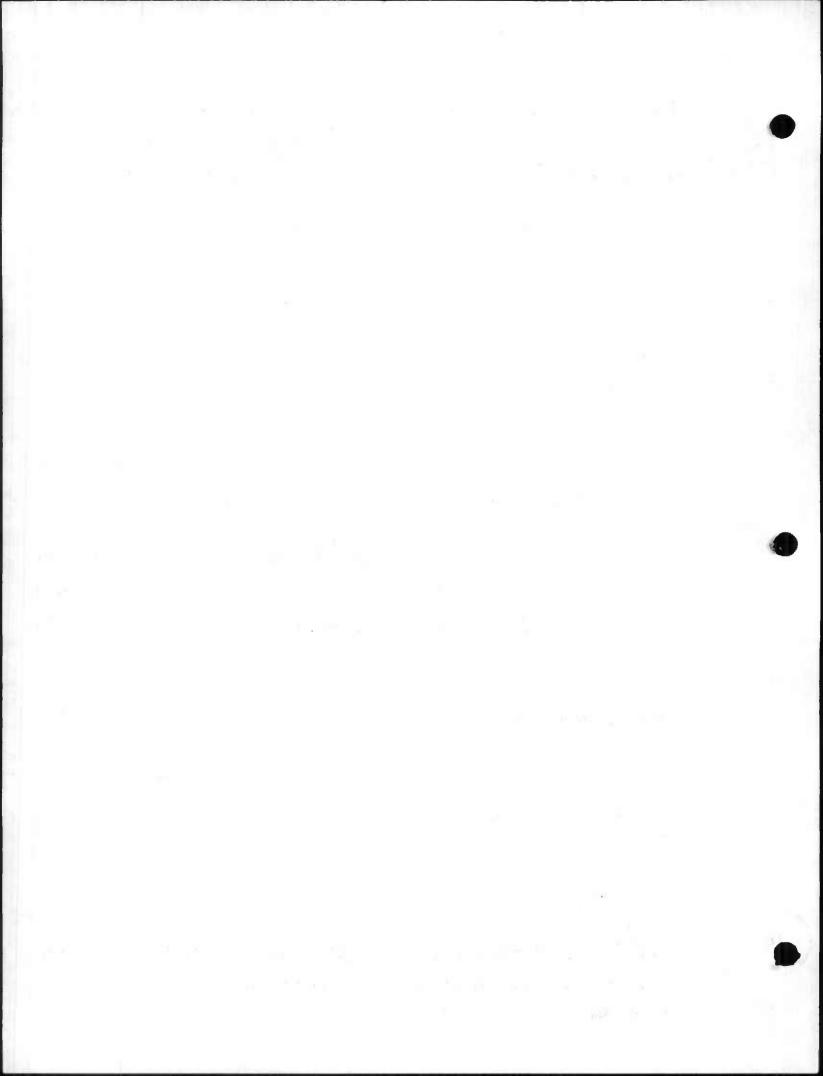
APRIL 02, 1997 D40390

30. Name and eddress of person who completed cause of death (Item 23a) Type, Print)

PR-DESALUD: 9017 Liberty Rd., Randall Stown, MD 21133
31. Date filed (Month, Dev, Yeer) + 32. Registrar's Signature 32. Registrar's Signature
Suna Davidson-Randelle APR 04 1997

Registrar

Medical

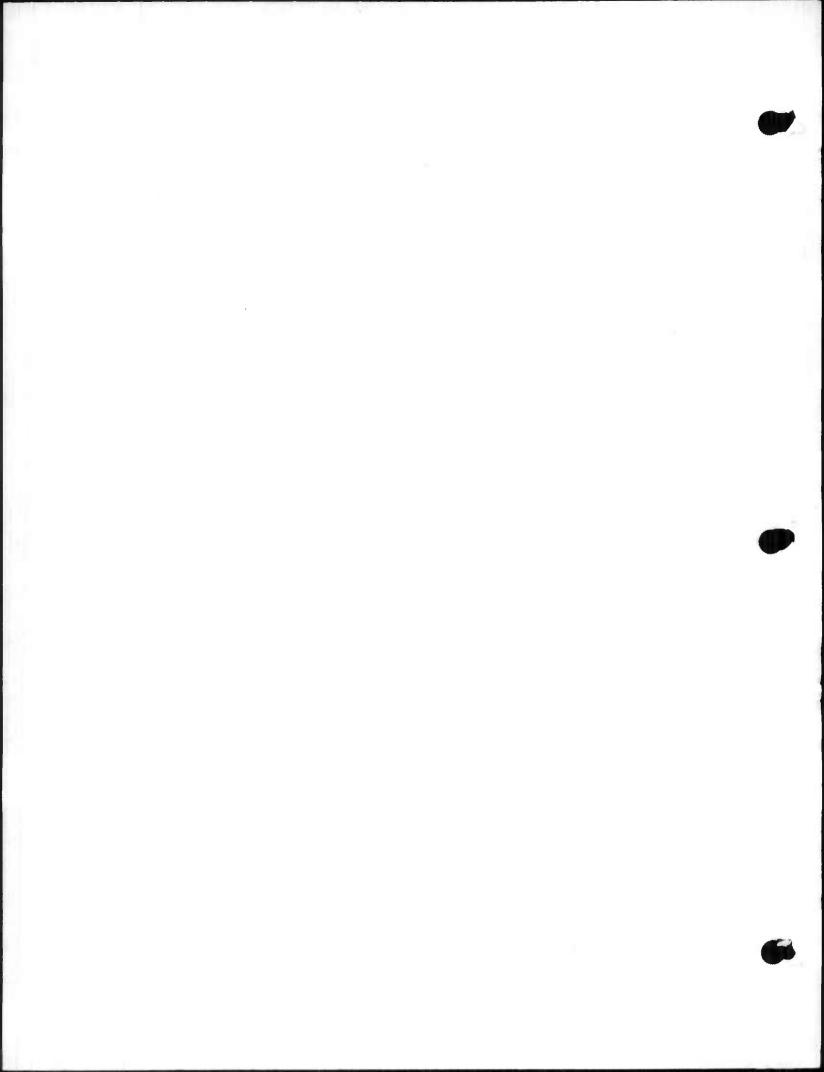


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached for use as the hardstransit nermit panes 1 2 should	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	MENT OF	EALTH AND	MENTAL	HYGIEN REG. NO	Ε		
	1. DECEDENT'S NAME (First, Middle, Last)		021111110	AIL OI	DEATH	2. DATE O				3. TIME OF DEATH
	ROBERT Q.	FRAZIER				APRIL	0.		YEAR	3:00 AM M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O		- 17		IPLACE (State or Foreign
	213 16 0700	1 🔀 M 2 🗆 F 🤭	77 YRS. MO	NTHS DAYS	HOURS MIN.		Day, Year)	119	Counti	VIRGINIA
	9e. FACILITY NAME (If not institution, give			D. CITY, TOWN	OR LOCATION OF D		7,1	9c. COUN		
DIRECTOR	GENESIS HEALTH CAR	LE HERITAGE N			INDALK					MORE
H	10a. STATE 10b. COUNT		10c. CITY, T	OWN OR LOCA	TION					10d. INSIDE CITY
	MARYLAND	*/A		1	ALTIMO	RE				LIMITS?
FUNERAL	10e. STREET AND NUMBER				. ZIP CODE			10g. CITIZ	ZEN OF V	WHAT COUNTRY?
Ü	6311 TOONE S	ýτ.			21224	ł		UNIT	ED -	STATES
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DE	ENDENT OF HISPA	NIC ORIGIN?	(Specify Yes		14. BACE	E — American Indian, k, White, etc.
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		ecify Cuben, Mexic 2 NO Speci		en, atc.)		Speci	
		MARCH 1945 -							W	HITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEOENT'S US (Give kind of work life. Do NOT use re	done during m	ON ist of working		IND OF BU			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		,			NSTRU			
Ž.	17. FATHER'S NAME (First, Middle, Last)		WELD	ER			IP BU		49	
	EARL	C	RAZIER		16. MOTNER'S NA		idle, Maiden	Surname)	11	
H	19e. INFORMANT'S NAME (Type/Print)				VIRGIA					MES
임	0	/ WIFE			and Number or Rural					21221
	DETTY J. FRAZIER				r, ДРТ#22	26; D				21224
	1 - Buriel 2 Cremetion 3 - Ren	noval from State 20t	PLACE AND DATE OF D netery, crematory or other	ISPOSITION (N. plege)	nme of	OATE	garding.	CATION — C		
- 1	4 Donetion 6 Other (Specify)	G1	REEN MOUNT	CREMA	TORY 4	4-97	De	LTIM	ORE	MD
	D St. 1. A. S.			CAFA	STEPHEN	D. LOI	HRMA	UN P.	Α,	- 145 7,29/
\neg	23. PART I. Enter the diseases, or	complications that cause	d the death. Do not	enter the ma	CECA IAST	URES .	R. D	ALTIN	NORE	MD 21286
	snock, or nesrt failure.	List only one cause on a	ach line.	arrer tria mic	ua or uying, suc	on as cardia	c or reap	ratory srre	est,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	DERE	PATED	DA	A 177 A) CE	Ne. c			Onset and Death
ŀ	reaulting in death)		CONSEQUENCE OF:	1301	VEL A	4 31	P313			
_		DOE TO (ON AS)	CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions,	D. OUE TO (OR AS /	CONSEQUENCE OF):							
¥	if any, leading to immediate cause. Enter UNDERLYING	No. of Contract	A.S. C. C.							i i
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):							+
본	reaulting in death) LAST	d								
		<u> </u>								
¥	PART II. Other significant condition SE 12 LRE	is contributing to death b	out not reaulting in t	he underiyin	g cause given in	Part i. 2	4a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă							YES 2	D(NO		COMPLETION OF CAUSE OF DEATN?
뿔	CVA.	HPN								1 TYES 2 TO NO
ż	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	□ NO □	UNCERTAI	N 🖾				
징	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	28. PLACE OF DEATH (
į į	1 TYES 20 NO	HOSPITAL: 1 Inpetient 2 ER/Outs		THER: Nursing Hon	e 5 🗆 Residence	6 Other (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		URY AT RK?	28d. OESC	RIBE NOW II	JURY OCC	URED	
BY	1 Netural 5 Pending 2 Accident Investigation				ES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stree	t, fectory, offic		28f. LOCAT	ON (Street a	nd Number o	or Rural R	loute Number,
	4 Nomicide determined					City or	Town, State)			
ן ב	290. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of my know	ledge, death occurred at	the time, date	and place, and due	to the cause	(a) and man	nor on state	ed.	
COMPLETED	one) 2 MEDICAL EXAMINE	ER: On the beele of examination	n end/or investigation, in	my opinion, d	esth occured at the	time, date ar	d place, an	due to the	causels) end menner ee stated
	29b. SIGNATURE AND TUPLE OF CERTIFIE									
8	1. X)	que, mos			29c. LICENSE NUI	153		29d, DATE	SIGNED	(Month, Day, Yber)
2	30. NAME AND ADDRESS OF PERSON WA	,	ATN (ITEM 27) /Toma Dele	nt)					Y /	-117
	K. S. DHARN	MIRMARA	M- 7K	CHUR	CH PF.	BR	411	nors	M. 3	0 21225
	31. DATE FILEO (Month, Day, Year)								Li,	7 -12-4
	ADD 0 4 1007	Julia Davidson	~ Aandelle							
	Wk n 4 1331	- 0								
		-								DHMN-16 Flev 1/89

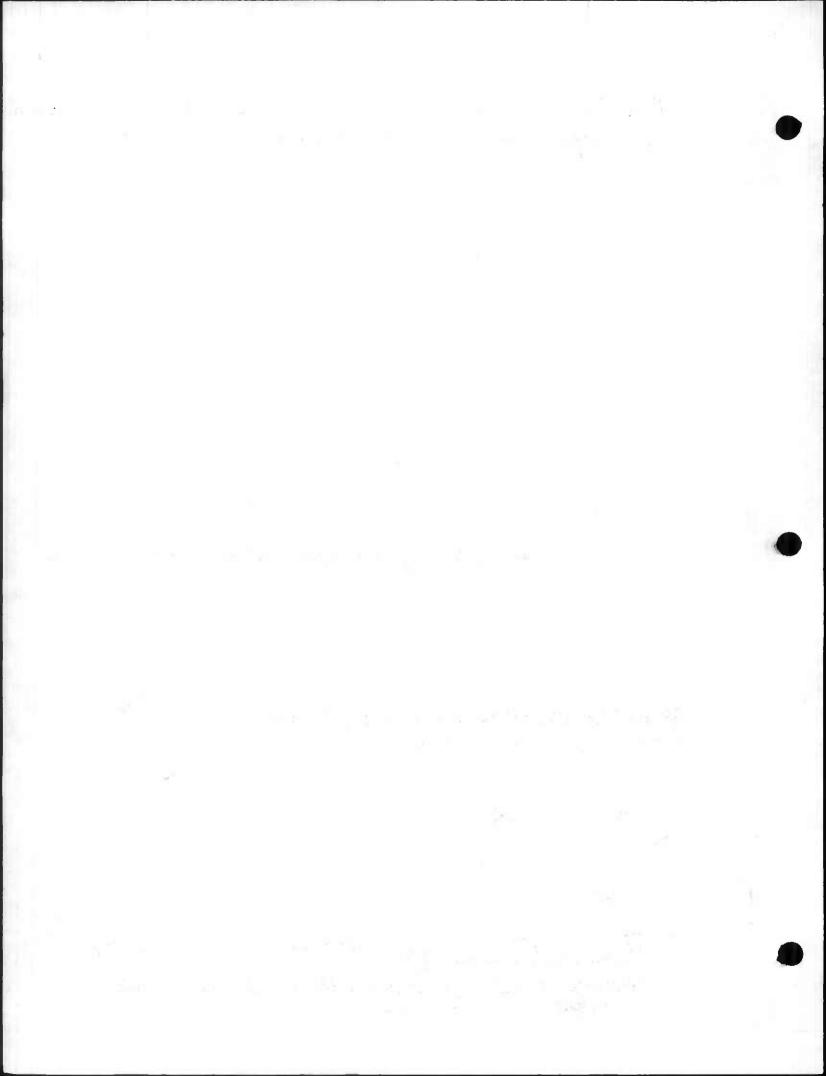




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State of Maryland / Department of Health and Mental Hygiene

					_	Cei	rtificate of	Death		Reg	No.		
	Physic /Medi		1. Decedent's Name (First, Middle, L	/ TI	Eq	E			OM	te of Deeth	59° (77	3. Time of Death 8:25 av
	Examii	ner	4a. Fecility Name (If not institution)			CE			IMO		4c. County	of Deeth	<i>i.</i>
	Funeral Director			Sex 7. Ag	66	Yrs.	If Under 1 Year Months Days		Min. (M	te of Birth onth, Dey, Yo NE 26,	1930	9. Birthp Cour Mary	elace (Stete or Foreign stry) Tand
	e Maryland sa-f show	ctor	MD 10b. County Anne	Arundel		Town or Lo .en B	cation urnie					1	0d. Inside City Limits 1 ☐ Yes 2 No
	h with th	Funeral Director	10e. Street end Number 106 Water Fountai	n Way, Apt	. 104		10f. Zip Code 2106	1		10g	Citizen of USA	Whet Cour	ntry?
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is merked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at ance.	by	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 If Yes, Give Year or Dates:	Ever in U,S.	. 13. V	Was Decedent of f Yes, specify Cul 1 ☐ Yes Ž∏ No		n? (Specify Yo Puerto Rican,	es or No- etc.)	Bla	ck, White, y: Whi	etc.
21215-0020	n natur	Completed	15. Decedent's E (Specify only highest g	rade completed)		16e. Deced (Give life. L	dent's Usual Occu kind of work done DO NOT use retire	pation during most o	of working	16	b. Kind of B	usiness/in	dustry
	filed within Hygiene. ott, the We		Elementery/Secondary (0-12) 12 17. Father's Name (First, Middle, Las	College (1-4or 5	5+)		emaker		s Name (First	Middle Ma	Own F		
Maryland	should be nd Mental merked o	To Be	Metford H						Berth				
	1 end 2 sho Health end em 27 Is me other traum		19a. informant's Name/Relationship Nancy Trust/daugh				ng Address <i>(Stree</i> rundel B				-		Code)
Baltimore,	permit. Pages 1 e Department of He Important: If item any Injury or othe		20a. Method of Disposition 1 Burial 2 Torremetion 3 4 Donation 5 Other (Spec		cen	netery, cren	sition (Name of netory or other pla ematory,	· ·	Date 4/2/97		altime		
Balt	Departi Departi Importa any Inji		4) MM DAMMOL Mel	Dawn F. Mc		29	Name and Addr remation 99 Frede	rick Rd	l. Balt	imore	MD 2	nc. 21228	
	Physician		23a. Part . Enter the diseese, or cor shock, or heart failure. List only	polications that caused one cause on each lin	I the death. ne.	Do not ente	er the mode of dy	ing, such as ca	ardiac or resp	iratory errest			Approximate intervel Between Onset and Death
Ĺ	/Medicai Examiner	ner	immediate Cause (Final disease or condition resulting in death)	. ACUT	Due to (or e	MyC es a conseq	CARD (uence of):	IAL I	WFF	ARCT	ION		84
x 68760,	certificete be executed iding physician end ise as the burial-transit	/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last	C	Due to (or e								
Bo		Physician/	Part ii. Other elgnificant conditione	contributing to death be	ut not resulti	ing in the ur	nderlying cause g	iven in Part I.	2	3b. Did toba	cco use co	entribute to	the cause of death?
P.0	es thet the de igned by the be detached	/ Phys	S/P HIPREPLA				, ,			1 🗆 Yes	_	3 Pro	
Records,	requir been s should	Completed by	+OXIC MEGAC	olon;	ASTH	AM				4a. Wes en a performe	utopsy d?	ev	ere eutopsy findings ailable prior to mpletion of cause deeth?
=	The ete h page	Comp								1 🗆 Yes	No		Yes 2 No
Vital	Physician: The this certificate ral director, page	o Be	25. Wes case referred to medical exeminer? 1 ☐ Yes 2 No	Hospital:	unt 2∏EI	R/Outpatien	t 3 DOA	her:	of Deeth (Che		a 6 🗆 Oot	or (Specif	
	Attending Phy r death. ector: After this by the funeral of	-	27. Manner of Death Death Staturel Accident Death Dea	28e. Dete of Inju- (Month, Day	ry 2	8b. Time of injury	28c. Inju		28d. D	escribe how			y)
Division	rial of All	Certification	3 ☐ Suicide 6 ☐ Could not l determined	building, etc	c. (Specify)		eet, fectory, office		Ci	ty or Town, S	Stete)		ol Route Number,
1		edical	29a. Certifier (Check only one) Certifying P 2 Medical Exa	hysiclen: To the best of miner: On the basis of and manner sta	examinetio	edge, deeth n end/or inv	occurred at the trestigetion, in my	ime, date end popinion, death	plece, end du occurred et ti	e to the ceus he time, dete	e(s) end m end placa,	anner es s and due to	teted. the cause(s)
	To the	M	29b. Signature and title of certifier	0		34		se number		29d	Date signe	od (Month,	Dey, Year)
	3		30. Name end eddress of person who			, , , , ,		1139	OFT)	æn:		05	
	Sta	te	31. Date filed (Month, Day, Year) APR U 4 1997	SENULT # 100 15 15	n's Signatui	Randal	NEW V	vE). (-IK,	DULI	IMO	KC	



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

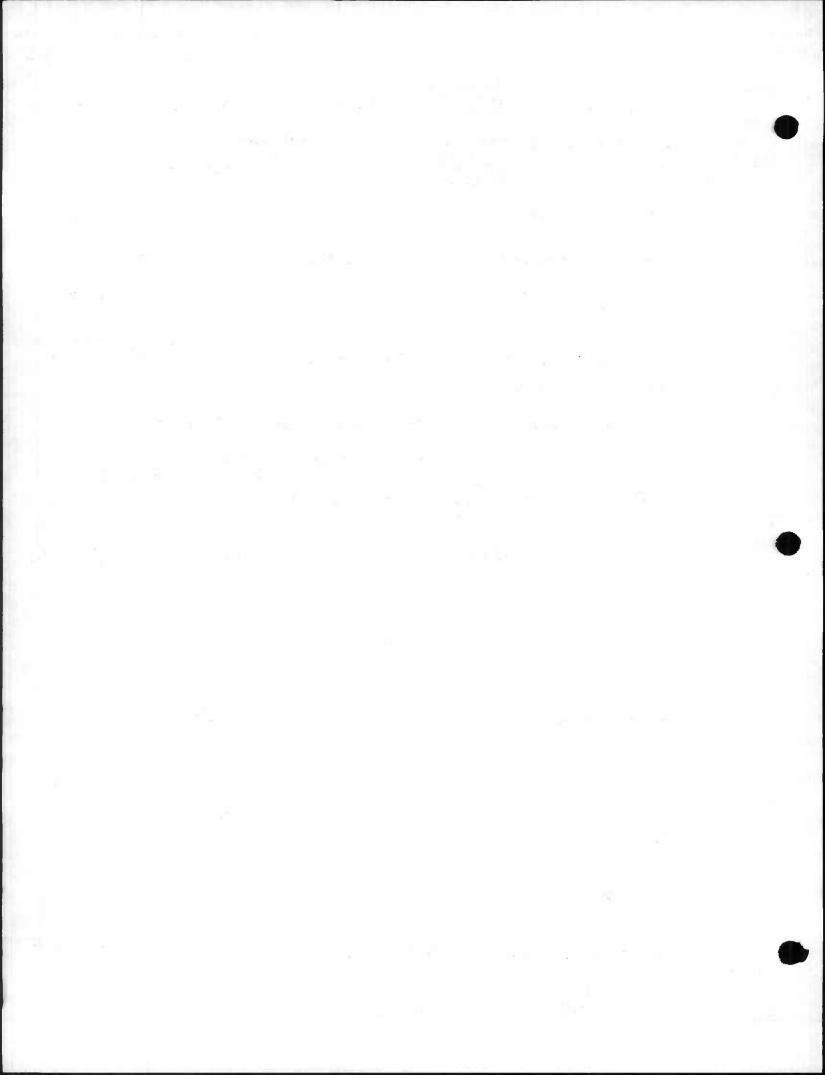
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		-				Cert	illicate o	Dealli		Reg. No.		
	Physic /Medi		Decedent's Name (First, Middle HAZEL	W.	FERGL	JSON			2. Date of D Month MAR		1997	3. Time of Death 6:30 PM
À	Exami		4a. Facility Name (If not institution, 9025 Simms Ave.)			100	ore Count		ty of Death ltimo:	
	Funeral Director		214-05-3665	6. Sex 1 ☐ M 2 ☐ X F	ge (In yrs. last 97	birthday) Yrs.	If Under 1 Ye Months Day		Min. 8. Date of B Month, June 4	irth Pay. 1899	9. Birthr Mary	place (State or Foreign orter) y land
	Maryland f show	ior	Usual Residence of Decedent 10a. State 10b. County Maryland Balt	imore	10c. City, To	own or Loc Ltimo:	ation re Coun	ty (Per	ry Hall)		1	10d. Inside City Limits 1 ☐ Yes 2 ☐ No
	with the la or 28s	Director	10e. Street and Number 9025 Simms Ave	nue	1		10f. Zip Code	2123	4	10g. Citizen of	What Cour USA	ntry?
020	72 hours after death with the Manfand netural; or items 23a or 28a-f show ofcel Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Marrie 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Armed Forces' ad 1 Yes 2 If Yes, Give Year or Dates:			as Decedent of Yes, specify Co		n? (Specify Yes or N Puerto Rican, etc.)	lo- 14. Ra Bl	ace - Americ ack, White, ify: Wh	
d 21215-0020	filed within Hygiene. ther than "	Completed	15. Decedent' (Specify only highest Elementary/Secondary (0-12) 8 yrs. 17. Father's Name (First, Middle, L	grade completed) College (1-4or		(Give k	ent's Usual Occi ind of work doi O NOT use reti sembler	ne during most of ired)	of working s Name (First, Middle		x Corp	poration
Maryland	Merkel or	To Be	William Dunty	,				Han	nah Eliza	beth Rai	nsom	
	and 2 sh lealth and m 27 is m		19a. Informant's Name/Relationsh Bill Southard	ip (Type, Print)		9025	Simms		or Rural Route Num Baltimore	, Maryla	and 2	1234
Baltimore,	Department of H Department of H Important: If he any Injury or of anse		20s. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp.		ceme	tery, cremi	ition (Name of atory or other p Methodi	st Cem.	Date 4-5-97	Falls		
	Phys ic ian /Medicai Examiner	niner	7.54 Fuert Enter the distance, or of shock, or hear milure. List of limited at the condition resulting in death)	a. CARE		74 o not ente	Ol Bela r the mode of d	lyling, such as co	Baltimore	arrest,		21236 Approximate Interval Between Onset and Death
ox 68760,	n certificate be executed anding physician end use as the burial-transit	in/Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last	c. <i>HYPL</i>	Due to (or as PTE) Due to (or as	a consequ	ence of):					425
P.O. B	that the death ned by the atte detached for	Physicia	Part II. Other signiffcant condition	s contributing to death b	ut not resulting	g in the und	derlying cause	given in Part 1.		tobacco use c		o the cause of death?
of Vital Records, F	aw requires is been sign 2 should be	Completed by P	ANEMIA						24a. Wa	s an autopsy formed?	24b. W	ere autopsy findings railable prior to impletion of cause death?
ital		Be Col	25. Was case referred to medical examiner?					26. Place o	1 Death (Check only	Yes 200No	1 [☐Yes 2☐No
lou of	nealing Physician:	Certification: To	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending 2 Accident investigs	ition	iry 28b	Outpatient Tima of Injury	28c. In			sidence 6 Do		γ)
DIA	A upo	Certifi	3 Suicide 6 Could not determine	286. Place of in	ury - At home, c. <i>(Specify)</i>	farm, stree	et, factory, offic	0	28f. Location City or To	(Street and Num own, State)	ber or Rura	al Route Number,
1	n P4 hosp	edicai	29a, Certifier 1 ☐ Certifying (Check only 2 ☐ Medical E	Physician: To the best xaminer: On the basis o and manner st	f examination :	ge, death o and/or inve	occurred at the stigation, in my	time, date and opinion, death	place, and due to the occurred at the time	e cause(s) and n , date and place	nanner as s , and due to	tated. o the cause(s)
	Twitting on with	M	29b. Signature and little of certifier	AW.	Atte		0	nse number	6-	29d. Date sign	ed (Month,	
	10		30. Name and address of person w	ho completed cause of c	leath (Item 23a		rint)					
	Sta Registi		31. Date filed (Month, Day, Year) APR 0 4 1997	3 Pegistr	ar's Signature	andell						

State of Maryland / Department of Health and Mental Hygiene

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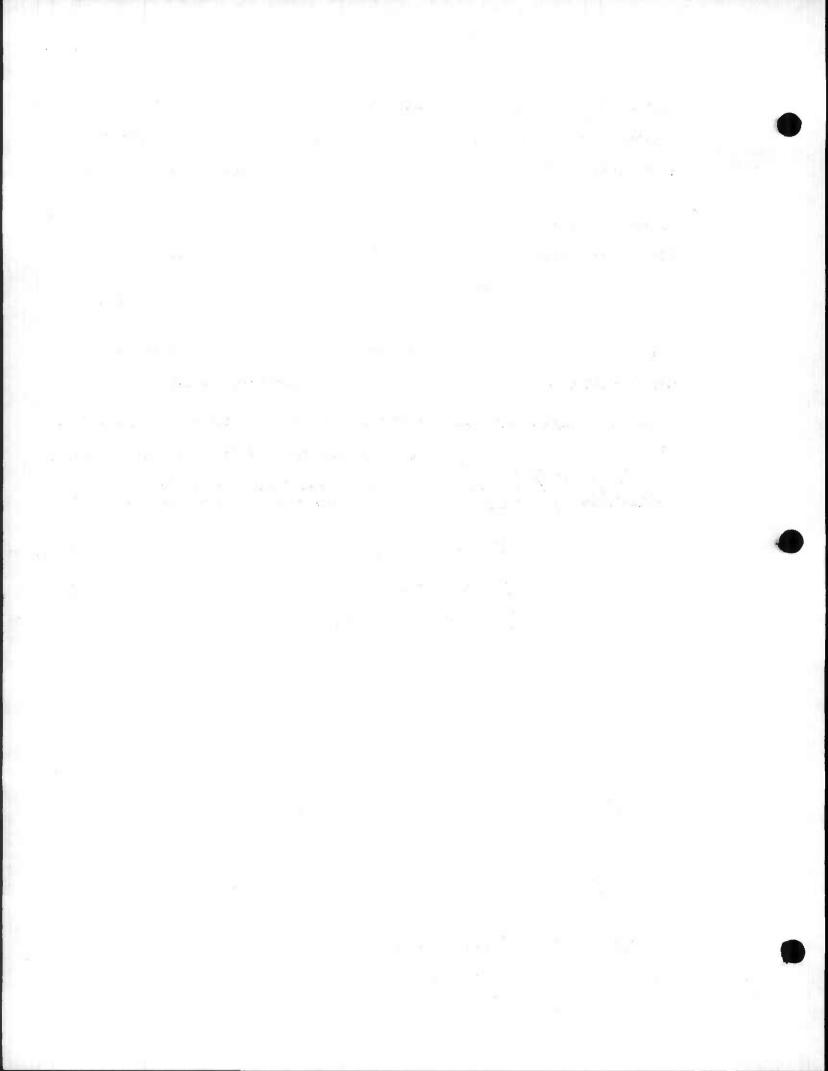
					Cer	tificate c	of Death	7		Reg. No.			
		1. Decedent's Nama (First, Middla, La	st)						2. Data of Deeth 3. Tima of Death				
Physici /Medic		George	W.			Gree	n		Month 03	3 T	97	3:30am	
Examin		4a. Facility Nama (If not institution, giv	a straat and numbe	r)			4b. City, T	own, or Lo	cation of Death	4c. County	y of Death		
1		1622 Lochwood	Road				Bal	timo	re	NA			
Funeral		5. Social Sacurity Number 6. 5	6ax 7. A I⊊M 2□ F	Aga (In yrs. la		if Under 1 Ya Months Da		r 24 Hrs. Min.	8. Data of Bird Month, Da I 2 - I C	th y, Yaar)	9. Birthp	laca (Stata or Foraigi	
Director		220-38-6580 Usual Residence of Decedant	X	53	Yrs.				12-10)-43	N	iB.	
and **		10a. Stata 10b. County		10c. City,	Town or Lo	cation					1	0d. Inside City Limits	
Maryl f sho	OF	Md.	NA	В	altim	ore						Was 2□No	
1215-0020 within 72 hours after death with the Maryland ene. than "netural; or items 23s or 28s-f show than "models Examiner must be notified a	Director	10e. Street and Number	***			10f. Zip Cod	a			10g. Citizan of	What Coun	itry?	
ith with 23s or		1622 Lochwoo	d Bood				218						
death ms 2;	Funeral	11. Manital Status	12. Was Decedan	nt Evar in U,S	. 13. V	Vas Decedant of Yas, specify C		rigin? (Spe	cify Yas or No	US A	A ce - Amaric	an Indian,	
after des		1 Nevar Married 2 Married	Armed Forcas						Rican, atc.)		ck, Whita,		
UZO Urs a Eran	by	3 ☐ Widowad 4 ☐ Divorcad	ff Yes, Giva Yaar or Datas	· Army	1	☐ Yas 2 🔀 1	No Specify	<i>r</i> :		Specif	y: Bl	lack	
Maryland 21215-UU20 d 2 should be filed within 72 hours af th and Mantal Hygiene. 7 Is marked other than "natural", or traumatic event, the Madical Exam	Completed	15. Decedent's Ed (Specify only highast gra	ducation	112.111 9	16a. Deced	ent's Usuel Oc	cupation	nt of washin		16b. Kind of 8	susinass/inc	dustry	
d within 72 ho jiene. r than "netur the Medical	nple	Elementery/Secondery (0-12)	College (1-4o	r 5+)	life. L	kind of work do OO NOT usa rai	rired)	St Of WORK	ig	Hechir	nger	Northwood	
od w	Con	12th Grade	lyear		Sale	s Ass				SI	iagor	ng Ctn.	
d all the very series	Be	17. Fathar's Nama (First, Middla, Last,	_							Maidan Sumai	ma) -		
Men	10	George W.	green					nny		Chase			
2 sh and is m		19a. Informant's Name/Raletionship (er, City or Town			
		Betty A. Edwa	rds					Road	-	more,			
Destriction of the second of t		20a. Method of Disposition 1 → Burial 2 ☐ Cramation 3 ☐	Ramoval from State	COL	matary, cren	sition (Nama of natory or othar	olaca)	i	Data	20c. Location	- City or To	wn, Stata	
Pa men fant: jury		4 Donetion 5 ☐ Othar (Specif		A							Arbut		
permit. Pages 1 Department of H Important: If ite any injury or ot		21. Signatura of Funaral Sarvica Licansaa 22. Nama and Addrass of Facility Baltimore, Mary											
205 a		Karen 7	m . Λ	toge	W	M.C.MA	rch F	HF 1	101 E	. Nort	h Av	enue 212	
		23e. Part1. Entar tha disaasa, or com shock, or haart failura. List only	plications that cause ona causa on aach	ad the daath. lina.	Do not anti	ar tha moda of	dying, such a	s cardiac o	r raspiratory a	rrast,		Approximata Intarval Between	
Physician		III										Onsat and Daath	
/Medical Examiner	7	Immadiata Causa (Final disaasa or condition	Adde	enoca	cino	ma o	f the	- la	119			I months	
		resulting in death)	W		as a conseq				1		İ		
ed isi	Examiner		b								F		
The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the buriel-transit	xan	Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Diseasa or Injury that initieted events		Due to (or	as a conseq	uanca of):							
ificate be exe g physician a es the buriel-	a E	causa. Entar UnderlyIng Cause (Diseasa or Injury	C								<u> </u>		
ifficate g phys	edicai	rasulting In deeth) Last		Dua to (or a	as a consaqu	ranca of):					i		
ath certifi attending for use es	\geq	· ·	d								1		
that the death cer ed by the attendin detached for use	Physician/	The state of the s											
t the d by the tached	ys	Pert II. Other significant conditions of			_	iderlying causa	givan in Pari	1.	230. Did			the cause of death	
es that igned b	by PI	Brain metas	ases, s	eiza	res				190	Yes 2∐ No	3 □ Prot	pably 4 ☐ Unknow	
uires nid be	g D		,						24a. Was	an autopsy	24b. Wa	ara autopsy findings	
v requir been s should	lete								perfo	rmed?	CO	ailabla prior to mplation of causa	
has has	Completed									· · · · ·		daath?	
iclen: The law requires that the dicariticate has been signed by the rector, page 2 should be detached		25 Was sone referred to medical							10	/ \	11	Yes 20 No	
iclan: certifica rector,	o Be	25. Was case referred to madical axaminar? 1 ☐ Yas 2 ☑ No	Hospital:		500	•□ •□	Other		(Check only o				
4	1: To	27. Manner of Daath	1 ☐ Inpat		R/Outpatien 28b. Tima of	3LI DUA	4 L N	lursing Hon		dance 6 □Otl how injury occu		y)	
	tion	1 Natural 5 Pending 2 Accident invastigation	28a. Dete of In (Month, D	Say Year)	Injury		njuryet Vork? □Yas 2□						
A STATE OF	flea	3 Suicida 6 Could not b	28e. Place of II	njury - At hom	ne, farm, stre	et, fectory, offi	ca	2			ber or Rura	l Routa Number,	
D S C C	Certification:	4 Homicida	building, e	etc."(Specify)		,			City or To	wn, State)			
To the Hospital within 24 hours To the Funeral Completely filled		29a. Certifier 1 Certifying Ph	yaiclan: To tha bes	t of my knowl	ledge, death	occurred at the	a tima, date e	nd plece, e	end due to the	ceuse(s) end m	annar as si	ated.	
P Ho	edical	(Check only 2 Medical Exam	niner: On the basis and mannar s	of axamination	on and/or Inv	astigation, in m	y opinion, da	ath occurre	ed at tha tima,	dete and placa,	end dua to	tha causa(s)	
To th To th	Σ	29b. Signates and title of certifier	ans.			29c. Lie	ansa number			29d. Data signa	ad (Month,	Day, Year)	
		Mayor	7/00 is	no N	1. n	7	504	99		March	3/	, 1997	
11		30. Nama and address of parson who	completed causa of			Print)		10		, , , , , , , , , , , , , , , , , , , ,		, , , ,	
311		Johns Hopkin		tal		MAW	LA L	-61	LLISO	NM.	D,		
Sta	te	31. Data filed (Month, Day, Yaar) APR 0 4 1997	30 Bagis	trar's Signatu	re-	-/3							
Registra		APR U 4 1997	guar	Davidson	-Handel	L							



State of Maryland / Department of Health and Mental Hygiene

				Ce	ertificate of	Death	F	leg. No.		
		1. Decedent's Name (First, Middla, Las	it)				2. Date of Dea	th	Vaa	3. Time of Dea
Physicia /Medic		Mildred	Lee Griffi	n			Month 04	8ª	9%	11:35a
Examin	_	4a. Facility Name (If not institution, give	straat and number)			4b. City, Town, or L	ocation of Death	4c. County	of Death	
	•	2911 McElderr	v Street			Baltimo	ore	N	IA	
Funeral		5. Social Security Number 6. Se		. last birthda	y) If Under 1 Year		8. Date of Birth (Month, Day		9. Birth	plece (State or Fo
Director		214-38-7041	□M 2 ⊠ F 56	Yrs.	Months Days	Hours Min.	08-23	-40	Cou	D.
>	-	Usual Residence of Decedent 10a. State 10b. County	100.6	She Town or I	Lacation					40.1.1.1.02.11
al', or items 23s or 28s-f show Examiner must be notified at	-		100. 0	ity, Town or I						10d. Inside City Li
노림	5	MD NA		Balti	ımore					1X Yes 2
97 28	Director	10e. Street and Number			10f. Zlp Code		1	Og. Citizen of I	What Cou	intry?
23a	9	2911 McElderry	Street		21205			USA	A	
natural', or items 23s or 28s-f show digs. Examiner must be notified at	Funeral	11. Marital Status	12. Was Decedent Ever in	U,S. 13	3. Was Decedent of	Hispanic Origin? (Sp	pecify Yes or No-			can Indian,
은물	T	1 Never Married 2 Married	Armed Forces? 1 ☐ Yas 2 ☐ No			oan, Mexican, Puerto) Hican, etc.)		ck, White,	
	þ	3.□Widowad 4 □ Divorced	1 ☐ Yas 2 ☐ No If Yes, GiveX X Year or Dates:		1□ Yas 2□ No	Specify:		Specify	v: Bl	ack
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			State of Marylan		artment of F tificate of		nentai Hy	rgiene - / Reg. No.	10101		
	Physic /Medi		Decedent's Name (First, Middle, Last) DANIEL JOSEPH	GALLAC	GHER		2. Dete of De Month March		3. Time of Death 3:43 p.m.		
	Exami		4e. Fecility Neme (If not institution, give street end number) Blakehurst Life Care Community			4b. City, Town, or Le	ocation of Deet		Deeth Limore		
	Funeral Director		5. Social Security Numbar 102-03-5580 6. Sex Part M 2 F 80		If Undar 1 Yaar Months Deys	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, De Nov. 1		Birthplece (Steta or Foreign Country) Ireland		
	Maryland f show	or		y, Town or Lo	cation				10d. Inside City Limits 1 ☐ Yes 2 ☑ No		
	3e or 28a-	Il Director	Maryland Baltimore Tow 10e. Street end Number 1055 W. Joppa Road	son	10f. Zip Code 21204			10g. Citizen of Whe	at Country?		
020	permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Maryland Department of Health and Mental Hyglena. Important: If Item 27 is marked other than "natural", or items 23e or 28e-f show any lajury or other traumatic event, the Medical Evantiner must be notified at ance.	by Funeral	11. Marital Status 12. Wes Decedent Ever in U, Armed Forces? 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. Wes Decedent Ever in U, Armed Forces? 1 Yes 2X No If Yes, Give Yaer or Dates:	If	Vas Decedent of H	lispenic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No Ricen, etc.)	14. Rece - Bleck,	Amarican Indien, White, etc. White		
Maryland 21215-0020	within 72 hou ana. than *natura na Madical E	Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) 1.2 College (1-4or 5+)	(Give I life. D	tent's Usuel Occup kind of work done DO NOT use retired	pation during most of work d)	ing	16b. Kind of Bush	ness/Industry		
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Ba	permi Depar Impor any Ir		Michael Deck		1050 Yo	wson Éune rk Road -	Towson	, Marylan	nd 21204 Approximete		
	Physician /Medicai Examiner		23a. Pert1. Enter tha disee of complications that causad the death shock, or heart failure. Line only one cause on each line. Immediate Cause (Finel disease or condition resulting in death)	~ ~ ,	51100	ig, such es cerulac	or respiratory e	niesi,	Intervel Between Onset end Deeth		
	scuted and -transit	Examiner	b. Inan	or es e consequente as a consequente				10	Lyears		
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ecord	aw requir is been s 2 should	Completed t					24e. Wes	s en eutopsy ormed?	24b. Were autopsy findings aveileble prior to completion of ceuse of deeth?		
Vital R	The ate	Be	25. Wes case referred to medical exeminer?		Ott	26. Plece of Deet	1 Check only		1 ☐ Yes 2 HNo		
Division of	this ai di	ation: To	1 Yes 2 No Hospitel: 1 Inpatient 2 2 27. Manner of Death 1 Natural 5 Pending 2 Accident investigation		5 Residence 8 Other (Specify) Describe how Injury occurred						
Divis	ital or Attending I urs aftar death. ral Director: After lled in by the funer	Certification:	3 Suicida 4 Homicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)								
	To the Hospital or within 24 hours afta To the Funeral Diracompletely filled in	Medical	29a. Certifier (Check only one) 1 □ CertifyIng Physician: To the best of my know 2 □ Medical Examiner: On the best of exeminat and manner statad.	wledge, death tion end/or Inv	occurred at the tir restigetion, in my o	pinlon, death occur	end due to the red et the time,	ceuse(s) end menni dete end plece, end 29d. Dete signed (f	d due to the ceuse(s)		
	J. W. T.	-	Description of the order of the	mel	29C. Licans		9	3-3/	1 — 9 7		
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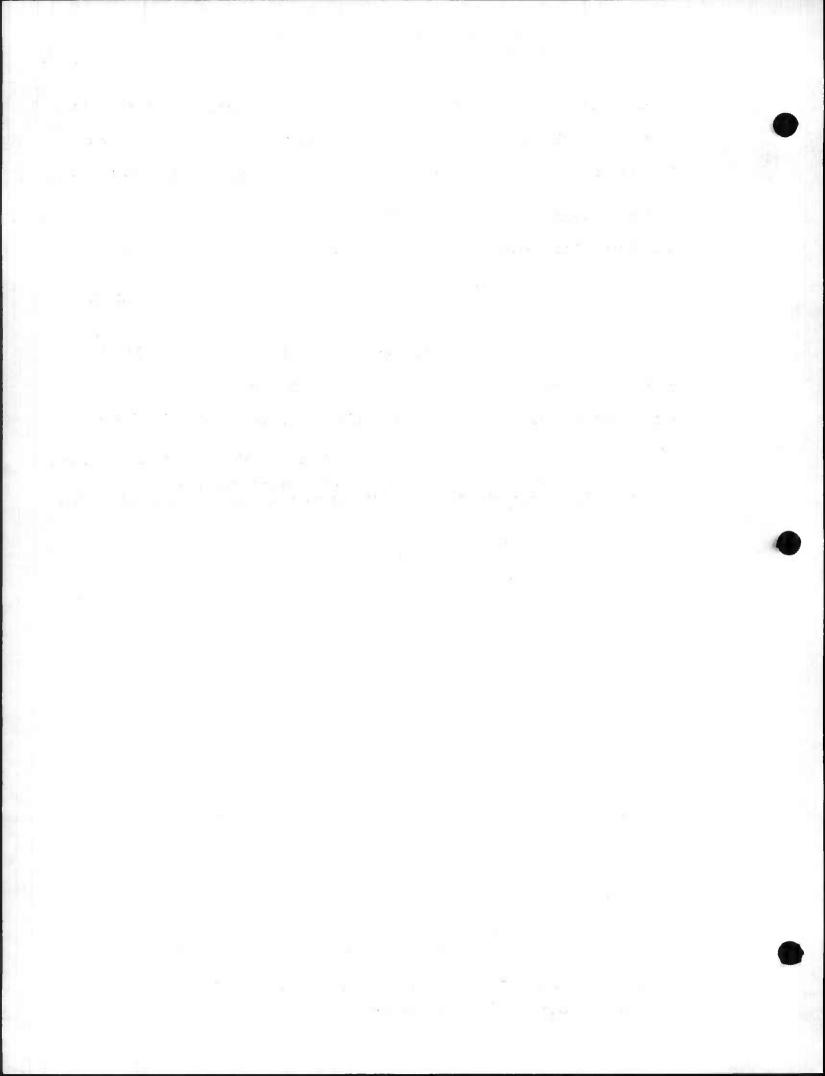
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Department of Health and Mentel Hygiane. Signature of the properties of the propert		orne Road 12. Was Decedant Eva Armed Forcas? 1	Dc. City, Town B a	Month or Location 1 timo 10f. 2 13. Was Dacking Yas, sp	dar 1 Yaar Hundar 24 bs Days Hours T e Zip Coda 2 1 2 3 9 cedant of Hispanic Origin pecify Cuban, Maxicen, F No Spacify: sual Occupation work dona during most of usa ratired) C 1 e r k	Min. (Month, D AUG 15	Day th 4c. County rth ay, Year) 10g. Citizan of V US 14. Rac Blac Specifi 16b. Kind of B	y of Death / A 9. Birthplac Country Mary 10d What Country A 2e - American ck, Whita, atc	d. Insida City Lim 1 🗓 Yas 2 🗆 i 1/? Indian, c.
Department of Health and Mentel Hygiene. Important: If itam 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Exercites must be notified at once. To Be Completed by Funeral Director	5. Social Sacurity Number 218-86-4228 Usual Rasidance of Decedant 10a. Stata 10b. County MD N/A 10e. Street and Number 1236 Silverthe 11. Marital Status 11. Marital Status 11. Navar Marriad 2 Married 3 Widowed 4 Divorced (Specify only highast gr Elamantary/Secondary (0-12) 9 17. Fathar's Nama (First, Middla, Last UNK. 19a. Informant's Name/Ralationship Arethea Gardener 20a. Mathod of Disposition 1 Burlal 2 Cramation 3 D 4 Donation 5 Othar (Spaci	Orne Road 12. Was Decedant Eva Armed Forcas? 1 Yas, Giva Yaar or Datas: Education rada complated) Collaga (1-4or 5+) (Type, Print) Company Print)	De. City, Town B a	OYSTEM Month or Location 1 timo 10f. 2 13. Was Dac if Yas, sp 1 yas Decedant's Us Giva kind of W lifa. Do NOT	dar 1 Yaar Hundar 24 bs Days Hours T e Zip Coda 2 1 2 3 9 cedant of Hispanic Origin pecify Cuban, Maxicen, F No Spacify: sual Occupation work dona during most of usa ratired) C 1 e r k	Hrs. 8. Data of Bi Min. AUG 15 AUG 16 AUG 16	10g. Citizan of VUS 14. Rac Blar Specify 16b. Kind of B	9. Birthplac Country Mary 10d What Country A De - Americen ck, Whita, atc	l Insida City Lim 1 N Yas 2 □ 1 I Indian, c.
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Department of Health and Mentel Hygiene. Department if item 27 is marked other than "natural", or items 23s or 28s-f show an important: if item 27 is marked other than "natural", or items 23s or 28s-f show an important: if item 27 is marked other traumatic event, the Medical Exameric main to notified at once. To Be Completed by Funeral Director	Usual Rasidance of Decedant 10a. Stata 10b. County MD 10c. Street and Numbar 1236 Silverth 11. Marital Status 11. Marital Status 11. Navar Marriad 2 Married 3 Widowed 4 Divorced 15. Decedant's E (Specify only highast gr Elamantary/Secondary (0-12) 9 17. Fathar's Nama (First, Middla, Last UNK 19a. Informant's Name/Ralationship Arethea Gardener 20a. Mathod of Disposition 1 Burlal 2 Cramation 3 D 4 Donation 5 Othar (Spaci	Orne Road 12. Was Decedant Eva Armed Forcas? 1 □ Yas 2 No If Yas, Giva Yaar or Datas: Education rada complated) Collaga (1-4or 5+) (Type, Pnint) Company Control (Type, Pnint)	De. City, Town B a	Month or Location 1 timo 10f. 2 13. Was Dac If Yas, sp 1 yas Decedant's Us Giva kind of V Ilia. DO NOT	re Zip Coda 21239 cedant of Hispanic Origin pecify Cuban, Maxicen, F A No Spacify: sual Occupation work dona during most or usa ratired) Clerk	AUG 15	10g. Citizan of US 0- 14. Rac Blar Specify	Mary 10d What Country A De - Americen ck, Whita, atc	I and I inside City Lir I X Yas 2 I I Indian, C.
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ysician Medical	21. Signature of Funaral Service Lica				ory, Inc. 4	/3/97	Raltin	nore, 1	MD
Medical	Edward Co.	insag with		22. Nama :	and Addrass of Facility ation Socie	ty of Mar	yland, I	inc.	
Medical	Edward A. Gre 23a. Parti. Enter the disease, or com shock, or heart failure. List only	egorchik nplications that causad tha	death. Don	ot entar tha mo	Frederick R	d. Baltim	ore, MD		pproximata
Medical	shock, or heart failure. List only	ona causa on each lina.					,	in	ntarval Batween
aminer	Immadiata Causa (Final disaasa or condition	Kogo	irato	C11 (Victors.	5			1 hour
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clan burial	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Causa (Disease or injury	C.							
g physicla as the bur ledical	that Initiated avants rasulting in death) Last	Dua	to (or as a co	onsequance of	f):				
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⇒ ë >	Part II. Other significant conditions of	contributing to death but no	ot rasulting in	tha undarlying	ceusa givan in Part I.		tobacco use co		1/
igned by be datac						_ 10	Yes 2 No	3 Probab	bly 40 Unk
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er thi	27. Mannar of Daath	28a. Data of Injury (Month, Day Ye	28d. Dascriba how injury occurred						
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- F	29a. Cartifiar (Check only one) Cartifying Ph	nysician: To the best of my miner: On the basis of axa and mannar stated.	y knowledga, mination and	daath occurrador invastigatio	d at the time, date and pon, in my opinion, death o	lace, and dua to tha occurred at tha tima,	causa(s) and ma data and place,	innar as state and dua to the	ed. a ceuse(s)
御名 こ 一会	29b. Signature and title of certifier)		25	9c. Licansa number		29d. Data signed	d (Month Day	v. Yaar)
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State of Maryland / Department of Health and Mental Hygiene 97 | 0 | 03

						Ce	rtificate	of	Death		Reg. No.			-	
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	/Medi	dical distribution of the							41.0%	April	3	1997		03 AM	
Ĺ	Exami	ner	2504 Island Vi		per)				4b. Cify, Town, o	r Location of Dee		nty of Deeth			
17	Funeral Director		5. Sociel Security Number 216-52-7274 Usual Residence of Decedent	Age (In yrs. le	st birthday) Yrs.		Year Deys	If Under 24 Hr Hours Min		Dey, Year)	Cou	place (Sta intry) Virg	inia		
	how		10e. State 10b. County		10c. City,	Town or Le	ocation						10d. Insid	le City Limits	
	ha Me Ba-f s	Director	Maryland Baltimo	ore		Esse	_						1 🗆 '	Yes 2X No	
	ath with t		2504 Island Vie	w Road			10f. Zip C	122	1		10g. Citizen	of Whet Cou	untry?		
21215-0020	hours after death with the Meryland nurel; or items 23e or 28s-f show at Examinet must be notified at	d by Funeral	11. Marital Status 1 □ Never Married 2 Married 3 □ Widowed 4 □ Divorced	12. Wes Decede Armed Force 1 Yes 2 If Yes, Give Year or Date	es? (X No		Was Decede If Yes, specifi 1 Yes 2		lispenic Origin? (an, Mexican, Pue Specify:	Specify Yes or N rto Rican, etc.)		Race - Amer Black, White city: Whi	, etc.	n,	
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	nd 2 shallth and 27 is m		19e. Informent's Neme/Reletionship Lorri Hedrick	(Type, Print) (WIFE)		19b. Maili 250			end Number or F		ber, City or To	vn, State, Zi 2122			
Baltimore,	Pagas 1 and ment of Hear int: If Item		20a. Method of Disposition 1 Burial 2 □ Cremation 3 4 □ Donetlon 5 □ Other (Spec		ete cer	netery, crei	osition (Name matory or other Mem. G	er pled	ens 4/7	Dete /1997	20c. Location				
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			23a. Pert1. Enter the disease, or conshock, or heert feilure. List only	mplicetions thet ceu	sed the deeth.							Mu.	Approxi		
×	Physician /Medical		Immediate Ceuse (Final disease or condition	C.		de	6					1	Onset a	nd Deeth	
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ó	a axec	Exa	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying			1									
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X	nding use &	≥		d											
œ œ	death	Physician	Pert II. Other eignificant conditione	contributing to death	h but not result	ing In the u	nderlying ceu	se giv	en in Pert I.	23b. Dio	i tobacco uae	contribute (to the cau	ae of death	
s, P.O.	requires that the death ce seen signed by the attendi hould be deteched for use	by Phy								1	Yes 2 N	o 3□Pro	bably	Unknow	
Records,	OI VILGII NECO Physician: Tha law this cartificeta hes trail director, page 2 s	Completed I									s en eutopsy formed?	C	Vere eutop veilable pr ompletion deeth?		
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<u> </u>			25. Wes cese referred to medicel exeminer? 1 ☐ Yes 2 🛣 No	Hospital:	- Kant 0 0 5	D/O 1		Oth	or	eth (Check only					
סר			27. Menner of Deeth	28e. Date of In		8b. Time of 28c. Injury et 28d. Describe how injury occurred									
S	aath. or: Aft		1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident investigati 3 ☐ Suicide 6 ☐ Could not	on	Day 16ai)	Injury Work? M 1 Yes 2 No									
DIX	Hospital or Attending 24 hours after daath. Funerel Director: Atter stely filled in by tha fune		3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Loc City									ocation (Street end Number or Rural Route Number, City or Town, State)			
	To the Hospital or A within 24 hours after To the Funerel Directompletely filled in b.	edical (29a. Certifier (Check only one) 1X Certifying P	hysician: To the beaminer: On the basis end manner	s of examinatio	edge, death n end/or in	n occurred at vestigation, in	the tim	ne, date and plac pinion, deeth occ	e, and due to the urred et the time	cause(s) and , date end plac	menner as s e, and due t	stated. to the ceus	se(s)	
	To th withir To th	Me	29b. Signature end title of certifier				29cT	icense	number :		29d. Date sig	ned (Month,	Day, Yes	ır)	
	10			0	2	~	D	14	1221		April	4, 19	997		
	W		30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)												
	M	•0	Tarique A. Firoz		223 Ea		n Blvd.		Essex, M	id. 212	21				
	Sta Registr	-	APR 0 4 19	97	lia Davids	n- Pan	delle								



State of Maryland / Department of Health and Mental Hygiene

4940 Eastern Ave.

Baltimore, MD 21224

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 28, 1997 **Physician** RAYMOND, BROWN, HOOD 2:30 PM MARCH /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Bayview Hospital Baltimore If Under 1 Year if Under 24 Hrs.

Months Days Hours Min. 9. Birthplace (Stete or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** Days XXM 2□ F 244-14-2439 79 Yrs **Director** Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 1X Yes 2 □ No Director Md. Baltimore 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours efter deeth with Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or say injury or other traumatic event, the Medical Examinar insults on once. 2818 Federal Street 21213 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: þ Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Gold Bind Building Elementary/Secondary (0-12) 9th Grade College (1-4or 5+) Prod. NA Fork Lift Operator 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) John Erie 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Arizona Evans 1219 N. Milton Avenue Baltimore, Md. 21213 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 Buriai 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Voshell Mem. Gardens 04-05-97 Dundalk, Md. 21. Signature of Funeral Service Licenses 22. Name end Address of Facility Baltimore, Maryland Karen Loger WM.C. March FH 1101 E. North Avenue 21202 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final diseese or condition resulting In death) End Stage Renal Disease, off hemodialysis Examiner Hypertension uncontrolled physician end the buriel-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as e consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Multi-infarct Dementia, years 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24b. Were eutopsy findings evailable prior to completion of ceuse of death? 24a. Was an autopsy 1 ☐ Yes 2 X No 1 ☐ Yes 2 No Physician: director. 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA eral 28a. Date of Injury (Month, Dey Yeer) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Pending 1 Yes 2 No Investigation affection of 2 Accident 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 5 24 hours 29a. Certifier (Check only one) 1 🗷 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as steted. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete end place, end due to the ceuse(s) and manner stated. To the Vithin 2 29b. Signature end title of certifier 29d. Date signed (Month, Dey, Yeer) March 28, 1997 teven

State Registrar

31. Date filed (Month, Day, Year)

APR 0 4 1997

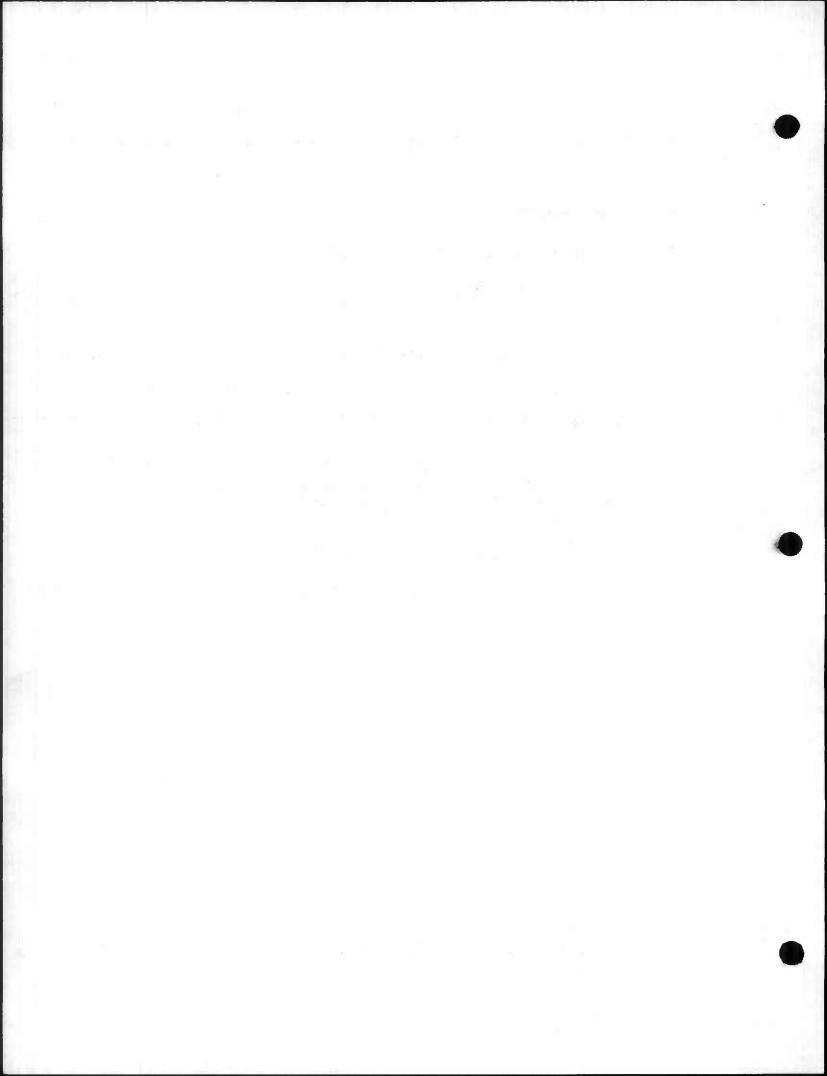
STEVEN CIRIC, M.D. JOHNS HOPKINS BAYVIEW MEDICAL CENTER 32. Registrar's Signature July Davidson-Randelle

MEMD

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

							C	ertific	ate of	Death		Reg. No.		
г	Dhusis	ion	Decedent's Name (Fig. 1)	irst, Middle, La	ist)				-		2. Dete of Dea		Vaar	3. Time of Death
	Physic /Medi		Jean				Но	1 m			April	1, 199	97	7:15am
	Exami		4a. Facility Name (If not	institution, giv	e street and number)				4b. City, Town, or	Location of Deeth	4c. County	of Deeth	
			Annapolis	Conv	alescent	Cen	ter			Annapol	is	Anna	Arui	ndel
	Funeral Director		5. Social Security Numb	556	Sex 7. A 1□ M 2∏ F	ge (In yrs. le 76	st birthd Yrs	Mont	nder 1 Yeer hs Days		8. Dete of Birth Sep. 23	7920	9. Birthpl Count	lace (State or Foreign try) Iowa
	Aaryland I show	٥		o County Ine Ar	unde1		Town or	Location					10	0d. Inside City Limits
	the N	Director	10e. Street and Number					401	71. 0 - 1					**
	eth with		1020 01d					2	Zip Code 1037			USA	What Coun	lry?
Baltimore, Maryland 21215-0020	iges 1 and 2 should be filed within 72 hours after deeth with the Maryland at of Health and Mentel Hygiene. If Items 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Maritai Stet <i>u</i> s 1 □xNever Married 3 □ Widowed 4 □		12. Was Decedent Armed Forces 1 12 Yes 2 1 If Yes, Give 1 Year or Dates.	Everin U,S Norea VWII	n 1			Hispanic Orlgin? (S en, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)	14. Rad Bia	ce - America ck, White, e	
2	72 h natu	Completed	15. (Specify o	Decedent's E	ducation ade completed)		16a. De	cedent's U	Jsual Occu	pation	kina	16b. Kind of B	usiness/Ind	lustry
2	ithin No.	du	Eiementary/Secondar		College (1-4or	5+)				during most of wor d)	King			
7	filed w Hygier ffher th	Ö	12		5+		Ar	med	Forc					Force
2	d off	Be	17. Father's Name (Firs.							18. Mother's Nar	ne (First, Middle,	Maiden Suman	ne)	
<u>X</u>	should be and Mentel marked o	2		Ca	rl Holm					Ellen	Lucille	Harr	ison	
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Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Daeth **Physician** Margaret Evelyn 6:20 AM /Medical 4a. Facility Nama (If not institution, give streat end number, 4b. City, Town, or Location of Deeth 4c. County of Daath Examiner Ellicott City

r If Under 24 Hrs. 8. Data of Birth (Month, Day, Yaar) St. Agnes Medical Center Howard if Under 1 Year 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (State or Foraign Country) **Funeral** Deys 1□M 2√2F Months 213-03-1982 80 Yrs Director Maryland Usual Rasidance of Dacedant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner neat be notified at Director Maryland Baltimore 1 Yas 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 6 5425 W. North Ave 21207 items 23a USA Funeral 12. Was Decadant Evar in U.S. Armed Forcas? 11. Marital Status Was Dacedant of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc 72 hours after 1 Navar Married 2 Married 1 ∐ Yas 212 No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 6 1 ☐ Yas 2 ☑ No þ Specify: White 3€Widowed 4 Divorced "naturel", Completed permit. Pages 1 and 2 should be filed within 72. Department of Health and Mental Hygiens important: If Nem 27 is marked other than "natuenty hijury or other traumatic event 15. Decedant's Education (Specify only highest grada complated) 16a. Dacedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elamentary/Secondery (0-12) Collega (1-4or 5+) Home Homemaker 6th 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Russell Lee Good Estella May Sims 19a. Informant's Name/Raiationship (Typa, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Route Number, City or Town, Stata, Zip Coda) Thomas James Higgs 5425 W. North Avenue Baltimore City, Maryland 21207 20a. Mathod of Disposition 20b. Place of Disposition (Name of cematary, cramatory or other piece) 20c. Location - City or Town, Stata Data 1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Good Shepherd Caretery 3 - 31 - 97Ellicott City, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funaral Sarvice Licansee 22. Nama and Addrass of Facility M00544 Slack Funeral Home, Bruss Ellicott City, Md. 21043 23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrast, shock, or heart feilure. List only one cause on each line. **Physician** CANCER /Medical Immadiata Cause (Final QUAMOUS disaesa or condition rasulting in daath) Examiner Examiner iclan and burial-transit Physicien: The law requires that the death certificate be executed Dua to (or as e consequance of): Sequantially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Causa (Disaasa or injury that initiated avants resulting in daath) Lest physician s the buria Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consaquanca of): USB Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown Completed by 24b. Were autopsy findings 24a. Was an autopsy performed? eveileble prior to complation of ceusa of death? page 2 certificate 1 Yas 2 No 1 Yas 2 No Be 25. Was cesa rafarrad to-madical 28. Place of Daath (Chack only one) Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Yas 2 No 28a. Data of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? After Naturel 5 Panding or Attending after death. 1 ☐ Yas invastigation 2 No 2 Accident in by the 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 281. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Certifying Physicien: To tha best of my knowledga, deeth occurrad at tha tima, date and place, and due to the causa(s) and mannar as statad.

2 Medical Examiner: On tha basis of examination and/or investigation, in my opinion, death occurrad at tha time, date end place, and due to tha causa(s) end mannar stetad. 29a. Certifiar Medical (Check only one) 29b. Signature and titia of certifier 29c. Licensa number 29d. Date signed (Month, Day, Year) 30. Name end addrass of person who completed cause of daath (Item 23e) (Type, Print) 7220 PARK ASNEEM 31. Dete filed (Month, Day, Yaar) 32. Registrar's Signetura State

Julia Davidson-Randelle

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State of Maryland / Department of Health and Mental Hygiene

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29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Medical Examiner: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier (Check only one)	is certificate hes been signed by the attending physicien and director, page 2 should be detached for use as the burial-transit and pro-	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, leading to immediat ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Part II. Other algnifficant content in the	onditions co	a. And	Due to (or a but not result	as a consequence as a c	rence of): derlying ceus:	AS(Jacob as AS(Jacob AS(Cardiac o	23b. Did t 1 24a. Was perfo	obacco uae co Yes 2 No an autopsy med? (es 2 No	cerdinal nutribute to 3 Prob	Approximate Interval Betwee Onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset
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30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) DAVIO JERRAN University bospil 22 S. Green St. Balto no 2	death. Story: After this certificate hes been signed by the attending physicien and process. After this certificate has been signed by the attending physicien and process. The funeral director, page 2 should be detached for use as the burial-transit and process.	edical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, leading to immediat cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other algnificant continues the continues of the cause of the continues of the cause of t	pending nvestigation Could not be determined ordifying Physical Examples.	a. And b	Due to (or a Due t	as a consequence as a c	r the mode of a	26. Plece Other: 4 Nu nijury at Work? 1 Yes 2 I ice e time, date an ny opinion, dea	Distortion of Death ursing Home	23b. Dld t 1 24a. Was perfo (Check only of the Solid Resident Sol	obacco use co le Fo lobacco use co Yes 2 No an autopsy med? (es 2 No ine) danca 6 Oth now Injury occur Street end Numb in, State) cause(s) and madete end place, 29d. Date signe	ntribute to 3 Prob 24b. Wa ava con of d 1 Proper or Rural anner as sta and due to	Approximate Interval Between Onset and Death Presult of the cause of death 4 Unknown Interval Presult of the cause of death? Jesus 2 No Presult of the Cause (at the cause (s)
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth A, M SOr 4b. City, Town, or Location of Deeth 4c. County of Death 314 | If Under 1 Yeer Unil 5. Social Security Number 9. Birthpiece (State or Foreign Country) 6. Sex 7. Age (In yrs. last birthday) 120M 2□ F Deys 2/2-/4-/28 Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Was Decedent of Hispenic Orlgin? (Specify Yes or NoIf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Year or Dates: 14. Race - American Indien, Bleck, White, etc. 11. Marital Status 1 Never Married 2 Married 1□ Yes 212 No Specify: 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupetion
(Give kind of work done during most of working
life. 99-NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 12/1 9175 17. Fether's Name (First, Middle, Last) Mojner's Neme (First, Middle, Maiden Symeme) 19e. Informent's Neme/Relationship (Type, Print) (W/+c 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremation 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee Port 1. Enter the disease, or complications that caused the death. Do not be considered the death. Do not be considered the death. enter the mode of dylng, such es cardiac or respiretory errest, Approximete Intervel Between Onset end Death Immediate Cause (Final disease or condition resulting In death) Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yas 2 ☐ No 24e. Wes en eutopsy performed?

Physician /Medical Examiner

physician end the buriel-transit

signed by t d be detach

hes certificate

After this

à ather

Medical

death Director:

within 24 hours a To the Funeral C

Attending Physician:

8

Division of Vital Records, P.O. Box 68760.

Physician

/Medical

Examiner

10e. Stete

Direct

Funeral

þ

Completed

Funeral

Director

permit. Pages 1 and 2 should be filled within 72 hours efter death with the Menyland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 28a or 28a-f show any Injury or other traumetic event, the Medical Examiner mass the markets as

Baltimore, Maryland 21215-0020

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest

Physician/Medical þ Completed 25. Was case referred to medical examiner? Be 2 Certification:

ert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.	

28d. Describe how injury occurred

24b. Were eutopsy findings eveileble prior to completion of cause of deeth?

1 Yes

1 ☐ Yes 2 ☐ No

26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Hesidenca 8 Other (Specify)

27. Menney of Deeth	
1 Chetural	5 Pending
2 Accident	investigation

1 Yes 2 No

28e. Date of Injury (Month, Day Year) 6 Could not be determined

28b. Time of Injury 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28c. Injury et Work? 1 Yes 2 No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

2 ANO

29a. Certifier

3 Suicide

4 Homicide

31. Dete filed (Month, Day, Year)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end manner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated.

29c. License number

29b. Signeture end title of cartifier

APR 0 4 1997

3610

29d. Date signed (Month, Dey, Year)

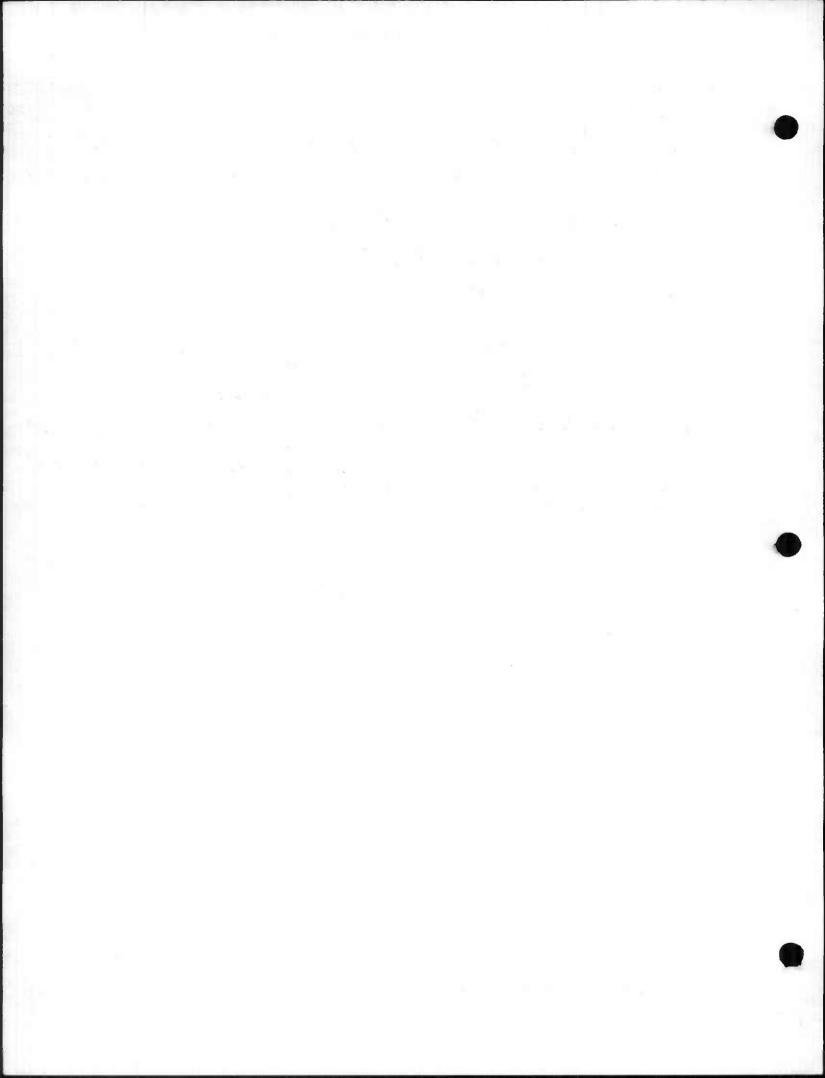
30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

M.D. 200 €

33'0 St, Suite 511

State Registrar

32 Registrario Signature Randall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

10109

					Certifica	ate of	Death		F	Reg. No.			
Dhunial		1. Decedent's Neme (First, Middle, Las	,						2. Dete of Dee	eth	Voor	3. Tima of Death	
Physici /Medic		Samuel St	rickler	John	ston		Sr.	1	April	2, Dey 19	97	6:30 am	
Examin		4a. Fecility Name (If not Institution, give 313 N. Ellwood	Avenue				4b. City, Tow Balt:		cation of Death	4c. Coun	ty of Deeth		
Funeral Director		235-32-7054	ex 7. Aga 2 M 2 F	(In yrs. last birt	hday) If Und Month	ar 1 Yaar s Deys	If Under 2 Hours	Min.	8. Dete of Birth Month Des June 29,	1926	9. Birthp Cour West	Nace (State or Foreign Virginia	
and w		Usual Residence of Decedent 10e. Stete 10b. County		10c. City, Town	or Location						1	0d. inside City Limits	
Maryl	Po	Maryland N/A		Baltim	ore							1 X Yas 2 □ No	
r 28a	rec	10e. Street and Number		Daroin		ip Coda				10g. Citizen of	Whet Cour	ntry?	
th with the Marylan 23s or 28s-f show	al D	313 N. Ellwood	Avenue			212	24			United	Stat	es	
or items	by Funeral Director	11. Maritel Status 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ev Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Yeer or Detes:			edent of the cify Cub		in? (Spe Puerto F	cify Yas or No- Ricen, etc.)		ice - Amaric eck, White,	etc.	
72 hours "natural",		15. Decedent's Ed	ucation	16a.	Decedent's Us	ual Occup	petion			16b. Kind of I	Business/Inc	dustry	
C 1 20	ple	(Specify only highest grade Elementary/Secondary (0-12)	de com <i>pleted)</i> College (1-4or 5+)	1	(Give kind of v life. DO NOT	vork done use retire	during most d)	of workin	ng			10 m	
or the	Con	11		Mar	nager					Trucki	ng Co	mpany	
ould be file Mental Hy arked oth	To Be Completed	17. Fether's Neme (First, Middle, Last) Harrison	Johnston	1			18. Mothar Huld		(First, Middle, Per	Malden Suma nningto			
permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 Is merked other than any Injury or other traumetic event, the Modes.		19e. Informent's Name/Reletionship (7 Mrs. Frances P. Johnst		313	N. Ellw	A boo			imore, Ma			Code)	
ermit. Pages 1 ar Pepartment of Hea mportant: if Item in Iny Injury or other Ince.		20e. Method of Disposition 1 ☒ Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		Oak Law	Disposition (N y, cremetory of n Cemet	other ple	ce)	4/	Dete /5/97	20c. Location			
permit. Departimont		21. Signetura of Funeral Service Licens Buan Guella		illem			ess of Facility d Road		ard J. Ru timore, M			e, Inc.	
Examinate be executed ding physician and se as the buris-fransit	Medical Examiner	disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Last	b. Di	ue to (or es e co	onsequence of	r):		o p	20,119			s years	
death cert e attendin id for use	lan/		d										
the de sched	Physician	Part II. Other significant conditions co	intributing to death but	not resulting in	the underlying	cause gi	ven in Part I.		23b. Did t	obacco use c	ontribute to	the cause of death?	
5 50		diabete	s melli	tus					100	res 2 No	3 Prol	babiy 4 🗍 Unknow	
as been sign	Completed by								24a. Wes o	en eutopsy med?	CO	eileble prior to mpletion of cause	
The law ate has page 2	E O								1 🗆 Y	es 200No	10	Yes 25 No	
delan: Th certificate nector, pa	Bec	25. Wes case referred to medical examiner?					26. Place	of Deeth	(Check only o				
5 5 5 E	Pospital: 1 Inpatient 2 ER/Outpetlent 3 DOA Other: 4 Nurs								ne 5 Resid	lence 6 00 low injury occu		у)	
pital or Attending Physician: Tours after death. seal Director: After this certificial filled in by the funeral director, p.	Certification:	3 Suicida 6 Could not be determined	m, street, fecto	ory, office		2	8f. Location (S City or Tow	Street end Num m, Stete)	ber or Rura	il Route Number,			
n 24 houp n 24 hou ye Funer pietely fill	edical	29a. Certifier (Check only one) 1 Certifying Phy 2 Madical Exam	rsician: To the best of r tnar: On the basis of ex end manner stete	xamination end	deeth occurre Vor investigetion	d et the ti	me, date end opinion, deeth	plece, e occurre	and due to the d ad et tha time, d	ceuse(s) end n date end place	nenner es si , and due to	teted. o tha causa(s)	
A 1 2 2 8	M	29b. Signeture end title of certifier	0 1		2	9c. Licans	se number			29d. Date sign	ed (Month,	Dey, Year)	
10		Rouney 30. Neme and address of person who co	Brook	th (Item 23e) (1		D	436	36		April	3, 1	997	
3.8		Rodney Brooks	, M.D.		341	1 Ba	ank S	tree	et Ba	ltimore	Md.	21224	
Stat	te	31. Dete filed (Month, Day, Year)	997 32. Registrar	Signature	n- Rande	20							

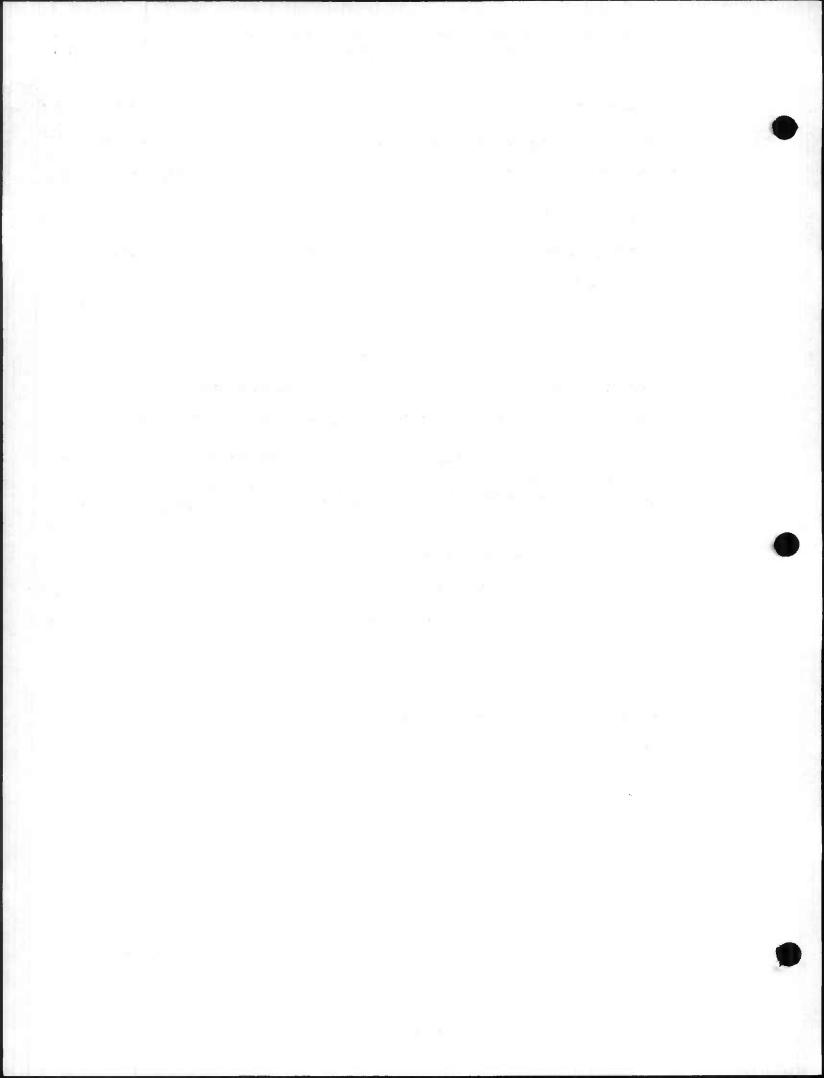
State of Manyland / Departmen	t of Hoolth	and Montal	Lygiana	(
State of Maryland / Departmen	l of Fleatin	and Mental	riygiene	•

					Cert	tificate of	Death	R	eg. No.	3.9	
	Dharata		1. Decedent's Neme (First, Middle, Last)					2. Dete of Dee	th Dev	Yeer 3.	. Time of Death
	Physici /Medi		Jennie C.	Karl				April 2			5:15 PM
2	Examir		4e. Fecility Neme (If not institution, give s				4b. City, Town, or L		4c. County		
			Genesis Eldercare				Baltimore		N/	Α	
	Funeral Director		5. Social Security Number 6. Sex 213-74-2126 Usual Residence of Decedent	7. Age (In yrs 98	: last birthday) Yrs.	If Under 1 Yeer Months Deys		8. Date of Birth (Month, Dey December	Year) 19,1898	9. Birthplace Country) Maryland	(Stete or Foreign
	/land		10e. Stete 10b. County	10c. C	ity, Town or Loca	ation				10d. I	Inside City Limits
	Man Hipd	tor	Maryland Baltimore	C	ockeysv:	ille					1 ☐ Yes 2 🖾 No
	th th	lrec	10e. Street end Number			10f. Zip Code		1	0g. Citizen of	Whet Country?	
	23a	rai	221 Wickersham Wa	у		21030			United	State	S
Maryland 21215-0020	n 72 hours effer deeth with the Maryland "netural", or items 23s or 28s-f show adjust Examiner must be notified at	by Funeral Director	11. Meritel Stetus 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	2. Wes Decedent Ever in the Armed Forces? 1 ☐ Yes 2 🕱 No If Yes, Give Yeer or Detes:		es Decedent of I Yes, specify Cub □ Yes 2【X No	Hispenic Origin? (Spen, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)	Ble	ca - American II ck, White, etc. y: White	ndien,
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and	a la b	Be	17. Fether's Name (First, Middle, Last)				18. Mother's Nem		Meiden Sumen	ne)	
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Ma			19e. Informent's Name/Reletionship (Ty)				t end Number or Ru				
	is 1 and 2 should of Health and Mar item 27 is marks other traumatic		Mr. Joseph Karl Jr 20e. Method of Disposition	20b.	Plece of Disposi	Nickersh		Cockeys	/ille,	MD 2103 - City or Town.	O
noi	Pages 1 en nent of Heal ant: If item 2 ury or other		1X Burial 2 ☐ Cremation 3 ☐ R	emoval from Stete	cemetery, creme	etory or other pie	ece)				
altimore,	교원관중		4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service License			Name end Addre	er Cemeter	'y 4///9	/ Baltimo	ore, Mary	land
Ba	Depa Impoor		Market 20		Led 530	onard J. 05 Harfo	Ruck, Ir	nc.Funera Baltimo	al Home ore, MD	21214	
			23e. Pert1. Enter the disease, or complications shock, or heart feilure. List only on	etions thet caused the dee e cause on each line.	th. Do not enter	the mode of dyl	ing, such es cardiac	or respiretory err	est,	Inte	proximete erval Between
	Physician // // // // // // // // // // // // //		Immediete Ceuse (Finel	0						On /	set end Death
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	icate be axecuted physician and s the buriel-transit	Examiner	Sequentially list conditions	Due to (or es e consequ	ence of):				. I	
oʻ	certificate be axecuted Iding physician and Ise as the buriel-transit		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		,	5.100 6.7.					
68760,	ate be nysici	Medical	that initiated events resulting in deeth) Lest	Due to (or es e conseque	enca of):					
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Box	death ce	lan/	d								
P.0.	0 0 0	Physician/	Pert II. Other significant conditions con-	ributing to death but not re	sulting in the und	derlying cause gi	ven in Pert I.	23b. Did to	becco use co	ntribute to the	cause of death?
	het the	F	It reportenance	ation of	to Ca	alon	and.	1□ Y	08 20 No	3 Probabl	y 4□Unknown
ds,	requires thet the	d by	Hypertenous C Sepression	Valor The		2	were	240 Was a	n outonou	24h Were e	eutopsy findings
of Vital Records,	aw 2 s L	Completed	Depleaser					24e. Wes e perform	ned?	eveileb	ele prior to
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/ita	ysician: The s certificate director, pag	Be (25. Wes case referred to medical exeminer?				28. Plece of Dee	th (Check only on	e)		
× ×	2 00	2	1 ☐ Yes 2 No	ospitel: 1 ☐ Inpatient 2 ☐	ER/Outpatient	3LI DUA		ome 5 Reside	nca 8 □Oth	ner (Specify)	
	ding P. Aftar ti funera	ë.	27. Menner of Deeth 1 Neturel 5 □ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju Wo		28d. Describe ho	w injury occur	red	
Division	Attending ir deeth. octor: Aftai by the fune	Certification:	2 Accident investigation 3 Suicide 6 Could not be				Yes 2□No				
\leq	or At efter Direc	Ħ	4 ☐ Homicide determined	28e. Pleca of Injury - At h building, etc. (Speci	nome, term, stree ify)	et, fectory, offica		28f. Location (St City or Town		ber or Hurei Ho	ute Number,
_	Hospital 24 hours e Funeral (- r	29e. Certifier 14C Certifying Physi	elen. To the heat of my len							
	Mospital or Attending Phin 24 hours efter deeth. Funeral Director: After this efter filled in by the funeral	edical		clan: To the best of my known: On the basis of examine and menner steted.	etion end/or Inve	stigation, in my	opinion, deeth occur	red et the time, d	ete end placa,	end due to the	cause(s)
1	Total	Me	29b. Signature end title of certifier	Λ		29c. Licens	se number	2	9d. Date signe	d (Month, Dey,	, Year)
1	11		Watter D.	Wilmo	MO PA	7 0	11220		4-201.	7 /	507
1	JAN	1	30. Name and eddress of person who cor	npleted cause of deeth (Ite	m 23e) (Type, Pi	rint)	12017	n Da	5	2/19	71
-	(WALTER R.	WELZON	7 170	460	12039 00SER	MADE	MA	2101	7
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registra 's Sign	ature	lands 20	privi	· · · · · · · · · · · · · · · · · · ·		/	

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Courth April **Physician** 1997 Valeria M. Lowe 3:17 AM /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Manor Care Nursing Center - Rossville Rossville Baltimore 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, **Funeral** Birthplace (State or Foreign Country) Days Months Hours 1 ☐ M 2 🖫 F 69 219-22-9221 Director May 31, 1927 Tennessee Usual Residence of Decadent the Marylend 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at Baltimore Maryland Essex Director 1 ☐ Yes 2 ☑ No 10e. Street and Number 10f. Zip Code 10a. Citizen of What Country? With 21221 U.S.A. 612 Dorsey Avenue death Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. Peges 1 end 2 should be filed within 72 hours efter of neet of Health end Mental Hygiene.
Int: If item 27 is merked other than "natural", or item
Inty or other traumatic event, it is menical Examines.
Inty or other traumatic event, it is menical. 1 Never Married Married 1 ☐ Yes 2 X No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Housewife Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Samuel Milliken Ozie Candler 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) (HUSBAND) Essex, Md. John W. Lowe 612 Dorsey Avenue 21221 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State ™ Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Pege Department of important: If any Injury or Oak Lawn Cemetery 4/5/1997 Baltimore Co., Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licanses 22. Name and Address of Facility
Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex. Md. 21221 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical tmmediate Cause (Final CEREBROVASCULAR ACCIDENT disease or condition resulting in death) WEEKS Examiner Due to (or as a consequenca of) DIABETES MELLITUS 3 YEARS buriei-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In death) Last end Due to (or as a consequenca of): ATHEROSCLEROTIC HEART DISEASE physician s the buriel Box 68760, 3 YEARS 8 Physician/Medical Due to (or es e consequence of) 98 attending 5 P.O. 1 deteched Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 3 Probably 4 Unknown 1 Yes 2 No HYPERTENSION, RHEUMATOID ARTHRITIS Records. Š pe 24b. Were autopsy findings evailable prior to page 2 should Completed 24a. Was an autopsy performed? peen evailable prior to completion of cause of death? DEHYDRATION The law certificate hes 1 Yes 2 X No 1 ☐ Yes 2 ☐ No Division of Vital l or Attending Physician: efter deeth. Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Other: 4X Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Dete of Injury (Month, Day Year) funeral 27. Manner of Death 28b. Time of Certification: 28c. Injury et Work? 28d. Describe how Injury occurred After 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident Director: in by the 6 Could not be determined 3 Suicide Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours of To the Funeral C Hospital 12 Certifying Phyalclan: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner es steted.

2 Medical Examiner: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. 29a, Certifie Medical completely (Check only one) 29b. Signeture and title of cartifier 29d. Date signed (Month, Day, Year) 29c. License number April 3, 1997 D.O. H35593 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) DR. JOHN J. 1124 MACE AVE., BALTIMORE, MD. 21221 LOH 31. Date filed (Month, Day, Yeer)
APR 0 4 1997 32. Registrar's Signature State Rande 12

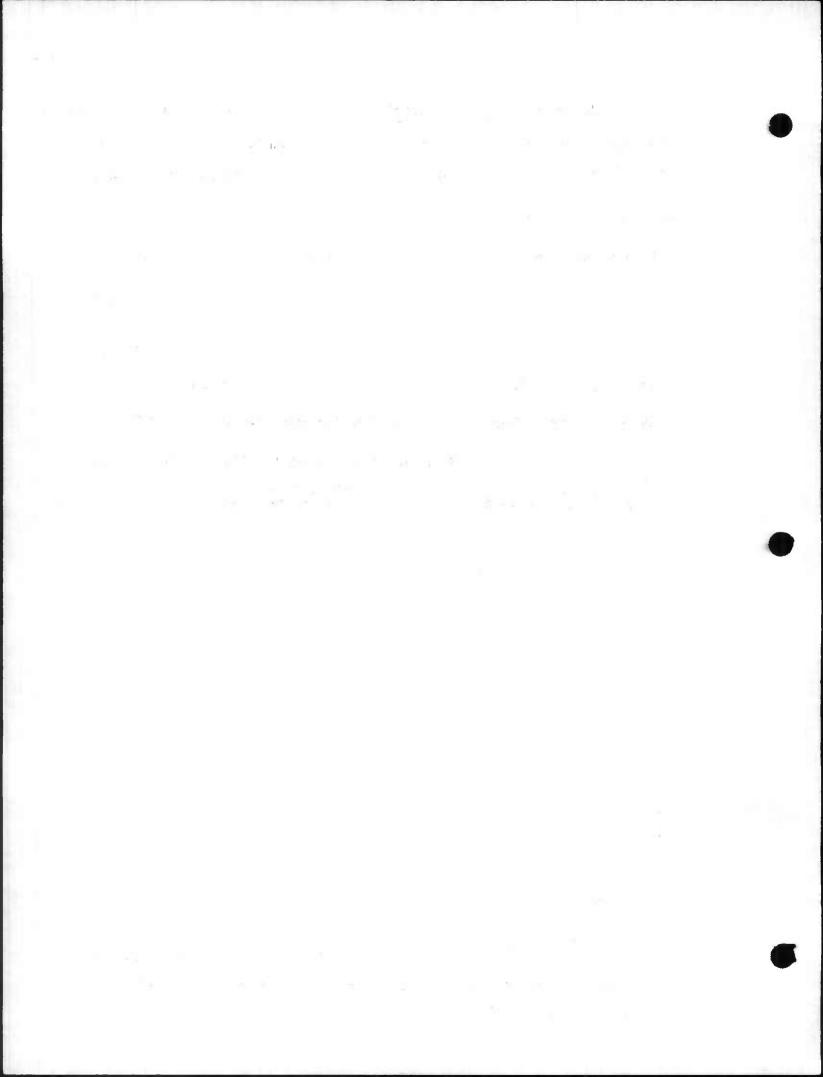


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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						,	Cei	rtificate	e of	Deat	h	,	Reg. No.		
		-	1. Decedent's Nema (First, Middle,	Last)		ALL						2. Deta of Der Month	ath	Van	3. Tima of Death
	Physici /Medi		Alexan	der		I	UNDY					March	30,	Yaar 1997	1:12 pm
	Examir		4a. Fecility Neme (If not institution,	give stree	t end number)				4b. City,	Town, or L	ocation of Deeth	4c. Count	y of Deeth	
			Franklin Square	e Hos	pital	Center				Ros	edale	2	Ba.	ltimo	re
	Funeral Director		5. Sociel Security Number 220–36–7588	6. Sex 1 ½ M	7. A	ge (In yrs. las		If Undar Months	1 Yaar Deys		ler 24 Hrs. s Min.	8. Data of Birt (Month, De Dec. 27	h y. Year) 7, 1940	9. Birth Cou Mar	place (State or Foreign ntry) yland
	ъ.		Usual Residence of Decedent			T. 6 01 -									
	Maryle F show	tor	Maryland Baltin	nore		10c. City, T	Essex								10d. Insida City Limits 1 ☐ Yes 2X No
	th with the Maryler 23a or 28a-f show	Funeral Director	10e. Street and Number 932 Kinwat Aver	nue				10f. Zip	Code 212	221			10g. Citizen of	Whet Cou	ntry?
020	items Items	þ	11. Merital Status 1 Never Merried Marrie 3 Widowed 4 Divorced	d 1	Ves Decedeni med Forces ☐ Yes 2 ☐ Yes, Giva 'eer or Detes:	?		Wes Deced f Yas, spec				ecify Yes or No- Ricen, atc.)		ce - Ameri eck, White	
5-0	72 hours	ted	15. Decedent's	Education	n nplotodi	1	6e. Deced	ient's Usua	l Occu	petion	not of word	ina	16b. Kind of I	Business/Ir	idustry
2	an an	ag l	(Specify only highest Elementary/Secondary (0-12)	1	ollege (1-4or	5+)		kind of wor DO NOT us		ed)	OSL OF WORK	ang			
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Maryland 21215-0020															p Code)
Baltimore,	-174				vel from State	cem	atary, cren	natory or of	her ple		4/2/	Dete			
픑	it. Pertrant		Finisher Flooring 17. Fether's Nema (First, Middle, Last) William H. Lundy Sr. 18. Mother's Name (First, Middle, Meiden Sumama) Helen Lepowski 19e. Informent's Neme/Ralationship (Type, Print) Steven W. Lundy (SON) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip 932 Kinwat Avenue Essex, Md. 21221												
Ba	permit, Peges Depertment of Important: If it any Injury or once.		Dolon W. K	in ka	unko		22	Bruzo	lzi	nski	Funei			БМ	21221
	0		23a Faut. Enter the diseesa, or c	omplicatio	ns thet ceusa	d the death. I	Do not ente	er the mode	of dy	ing, such	es cerdiec	or respiratory er	rest,	T. F. C.	Approximete Interval Between
	Physician /Medical			,											Onset and Death
7			Immediata Cause (Finel disaese or condition	P	ulmona	ry Emb	olism	n							10 Minute
	Examiner		resulting in death)	o		Due to (or a	s a conseq	uence of):						i	
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,0	deeth certificete be executed e ettending physicien and of for use as the buriel-transit	Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events Due to (or as a consequence of):													
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Box	eeth cert ettending	Ceuse (Disease or injury that initieted events resulting in death) Last Due to (or as a consequence of): d. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probab													
	deeth e ette od for	Part II. Other significant conditions contributing to death but not resulting in the under								iven In Pe	rt I	23b. Dld 1	obacco usa c	ontribute t	o the cause of death?
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115	or Attendi efter death. Director: A i in by the fu	100	3 ☐ Suicida 6 ☐ Could no		e. Plece of In	jury - At home	, ferm, str	eet, fectory	office			28f. Location (S	Street end Nurr	ber or Rur	el Route Number,
Ö	efte Diri	e	4 ☐ Homicide		building, e	tc. (Specify)						City or Tou	vn, Stete)		
	To the Hospital or Attendi within 24 hours effer death. To the Funeral Director: A completely filled in by the fo	edical	29a. Certifier (Check only one) 12 Certifying 2 Medicel Ex	aminer: C	: To the best on the basis o	of examinetion	dge, death end/or inv	occurred e	t the ti	ime, dete opinion, d	end place, eeth occur	end due to the or	ceuse(s) end m date end place	nenner es , end due l	stated. to the cause(s)
	outhin outhin	Me	29b. Signature end title of certifier					29c	Lican	sa numbe	or		29d. Dete sign	ed (Month	Dey, Year)
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	15	-	30. Neme and eddress of person w			death (Itam or	le) (Tunn	_)#]	L777			March :	30, 1	997
	0		Monique Lang						are	Dr	Ral	to, Md.	21237		
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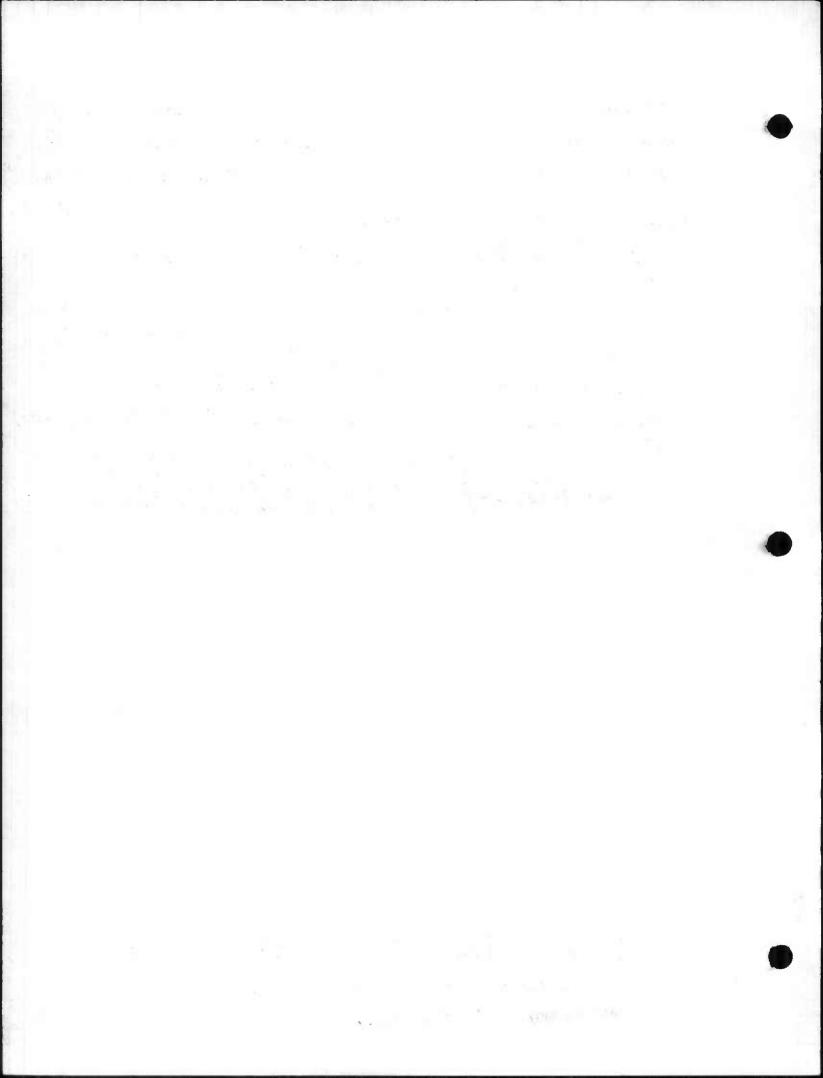


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month Yaar JOHN A. LEE 1997 APRIL 8:25 A.M. /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c, County of Death **Examiner** VA MARYLAND HEALTH CARE SYSTEM FORT HOWARD HIMORE if Under 1 Year If Undar 24 Hrs.
Months Deys Hours Min. 8. Deta of Birth (Month, Day) 5. Sociel Sacurity Numbe 7. Age (In yrs. lest birthday) 9. Birthpiece (State or Foreign **Funeral ™** M 2□ F 62 Director 213-30-5077 Yrs. DECEMBER 3, AROLINA Usuel Residence of Decedent nit. Peges 1 end 2 should be filed within 72 hours efter deeth with the Maryland sertment of Health and Mental Hygiene. ortant: If Item 27 is marked other than "naturel", or frems 23a or 28a-f show injury or other traumatic event, the Medical Examiner mast be notified at 10e State 10b. Count 10c, City, Town or Location 10d. inside City Limits HIMORE 1 Yas 2 No Director MAR-4/And 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 34 21217 .5 00 Funeral 70 12. Wes Decedant Evar in U.S. Armed Forces?

1 M Yes 2 D No If Yes, Giva Yeer or Detes: 9 3 3 3 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Ricen, etc.) 11. Marital Status 14. Race - American Indien, Bleck, White, atc. 1 Navar Marriad 2 Merriad Baltimore, Maryland 21215-0020 2 No Ack þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life, DO NOT use retired) Kind of Business/Inc 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) Coilege (1-4or 5+) IER 17. Fethec's Name (First, Middle, Last) Be A 0 0 0 DeR 2 informent's, Nemp/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route No City,or Town, Stata, Zip Code) DR. GATEHOUSE SAHO. Md. 2/20) 20b. Place of Disposition (Neme of cematary, cramatory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 Burial 2 □ Cremetion 3 □ Removal from Stets Depertment of Important: If any injury or GARRISON FOREST 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sarvice Ligan Nama end Address of Facility PARSHA! N 2/20 23e. Pert1. Entar the diseesa, or complications that caused the death. Do not anter the mode of dying, shock, or heart failure. List only one cause on each in a. Approximata interval Between Onset end Deeth Physician /Medical Immediete Cause (Final disaase or condition resulting in death) CHRONIC LYMPHOCYTIC LEUKEMIA 1 1/2 YRS Examiner Due to (or es e consequance of): Examiner ettending physician and I for use es the bunal-transit requires that the death certificete be executed Sequantielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events rasulting in deeth) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequance of): signed by the eld be deteched for Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Dfd tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☑ Probably 4 ☐ Unknown PNELMONIA, HYPERIENSION, CHRONIC RENAL FAILURE à Completed 24b. Ware eutopsy findings available prior to completion of cause of deeth? 24a. Was en eutopsy performed? 1 ☐ Yes 2 XNo this certificate 1 ☐ Yes 2 ☐ No funeral director, 25. Wes case referred to medical Be 26. Piece of Daeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No 1) inpatient 2 ER/Outpatient 3□ DOA Certification: 27. Menner of Deeth 28e. Dete of injury (Month, Day Year) 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred After 1 Natural 5 Pending investigation death. 1 Yes 2 No To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A completely filled in by the fi 2 Accident 3 Sulcida 6 Could not be Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the ceuse(s) and menner steted. 29a. Certifier Medical (Check only one) 29b. Signature and titla of certifier 29d. Dete signed (Month, Dey, Year) APRIL 3, 1997 30. Neme and differess of person who completed cause of deeth (Item 23e) (Type, Print) AURORA C. TAN, M.D. 9600 NORTH POINT ROAD FORT HOWARD, MARYLAND 21052 31. Dete filed (Month, Day, Year)
APR 0 4 199 32. Registrer's Signature State whie Davids Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM:26 per DR. G-746 4-4-97 eoh 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** 1209 A Zdward 97 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** war 5005 Karn tree Baltimore If Under 1 Yaar | If Under 24 Hrs. | 8, Deta of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) **Funeral** 100 M 20 F 219-28-0121 Usuel Residence of Decadent 64/Yrs. Director 10e. State 10b. County 10c. City, Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. inside City Limits 1 XYes 2 □ No Director Baltimore Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21206 5005 Baintree SM U Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 No No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, etc. 11. Meritel Status 1 Never Merried 2 Married altimore. Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: Black 3 Widowed 4 Divorced Yeer or Datas: Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. College (1-4or 5+) Eiementery/Secondery (0-12) Window Cleaner // leaner permit. Pages 1 and 2 should be filed Department of Health and Mentel Hygik Important: If Item 27 Is marked other I any Injury or other traumatic and 17. Father's Neme (First, Middla, Last) 18. Mothar's Neme (First, Middle, Maiden Sumeme) Be Luckett Cmmanue/ torinda 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 20b. Plece of Disposition (Nema of cometery, cremetory of other place)

20c. Location City or Town, State 20e. Method of Disposition WI 1 Buriei 2 Cremetion 3 Removal from State Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 4,1997 22. Name end Address of Fecility Carlton C. Douglass Funeral 21. Signeture of Funerel Service 150% Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory errast.

Approximete Approximete interval Between Onset end Death **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical Athero sclerosis **Examiner** Examiner The lew requires that the death certificete be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet Initieted events resulting in deeth) Lest pue Records, P.O. Box 68760, Dua to (or as e consequence of): Physician/Medicai the 98 Pert ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 2 90 24b. Were autopsy findings aveileble prior to completion of cause of daath? Completed 24a. Wes en eutopsy performed? certificate 1 Tes 1 Yes 2 No of Vital septal or Attending Physician: Thours efter deeth.
Ineral Director: After this certificat y filled in by the funeral director, pa Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5X Residence 6 Other (Specify) Hospital: 1 inpatiant 2 ER/Outpatient Yes 2 No ို 27. Menner of Death 28e. Deta of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division Naturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicida 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 THomicide To the Hospital o within 24 hours eff To the Funeral DI completely filled in edicai Certifying Phyeician: To the best of my knowledge, death occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner steted. 29a. Certifier 29b. Signature end title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) 1)45811 30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print) York Rd pa HO, MD Horow B M D

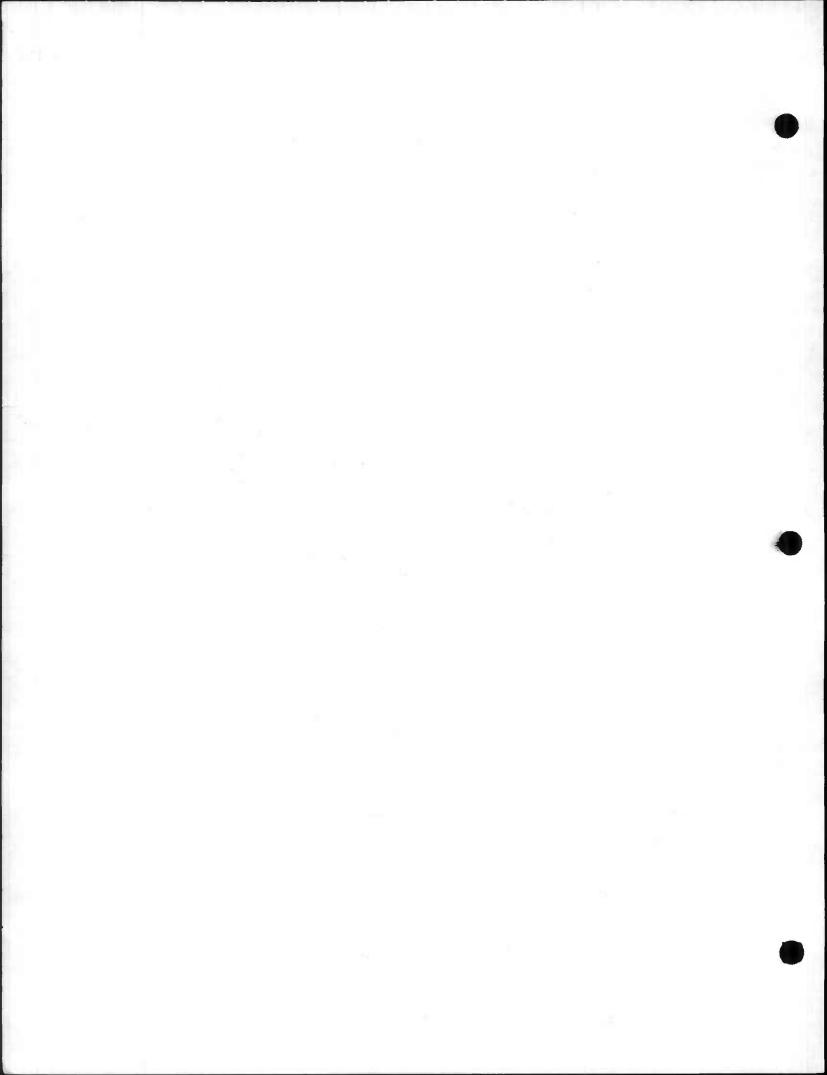
32. Registrer's Signature RUTH 5. 5711 31. Dete filed (Month, Day, Year)

Jandson-Randelle

Registrar

APR 0 4 1997

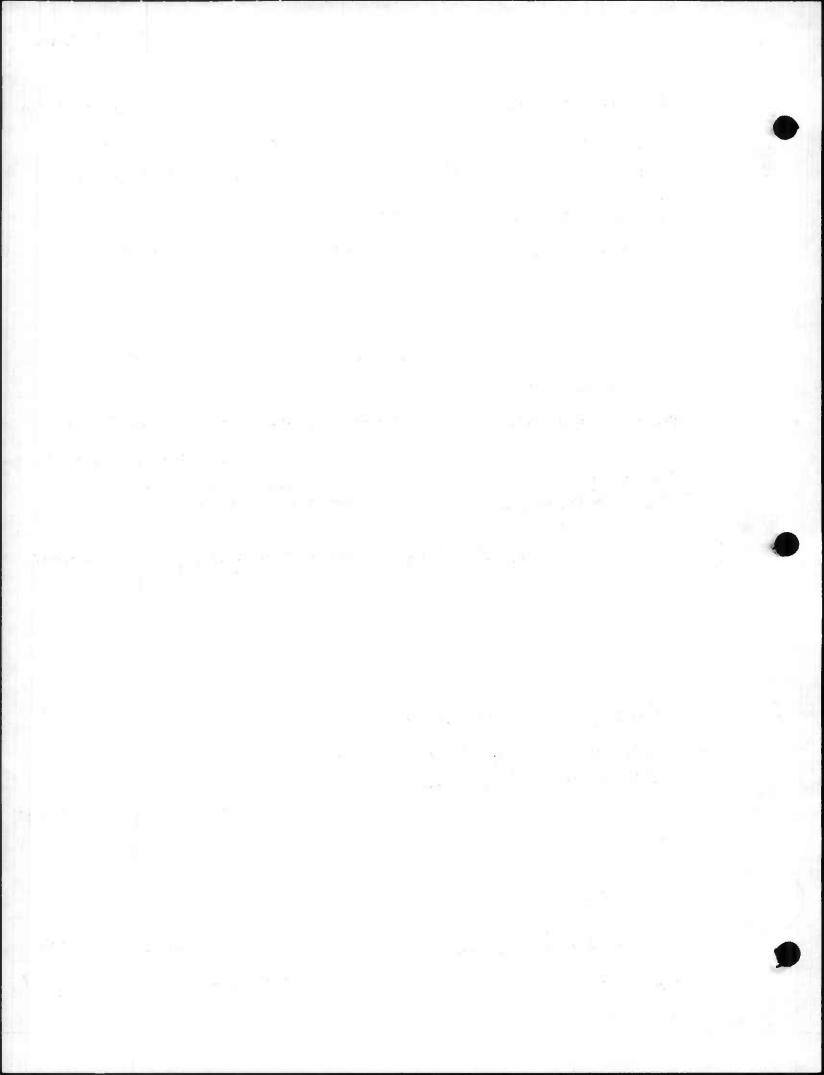
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death Month **Physician** EMMA 9:15 gm LESTER March, 28,1997 /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 125 Clyde Avenue Lansdowne Baltimore If Under 1 Year If Under 24 Hrs. 8. Data of Birth

Months Days Hours Min. (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In vrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1□M 2√ F 96 214-14-3892 Yrs May 8, 1900 Maryland Director Usual Rasidanca of Decedent the Marylend 10a. Steta 10b. County 10c. City. Town or Location 10d. Inside City Limits rthen "neturel", or items 23a or 28a-f ehow the Medical Examiner must be notified at Maryland Baltimore Lansdowne 1 ☐ Yes 2 No Director 10e. Straat and Number 10f. Zip Code 10g. Citizan of What Country? 21227 125 Clyde Avenue United States Funeral 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yas ②CN0o If Yas, Giva Yaar or Datas: Wes Decedent of Hispanic Orlgin? (Spacify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, Black, Whita, atc. 11. Marital Status 1 □ Naver Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: white þ 3 Widowad 4 Divorced Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry d 2 should be filed within 7; h and Mental Hygiene. 7 is marked other than "ne Elamantary/Sacondary (0-12) Collaga (1-4or 5+) 8 homemaker own home 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Clarence W. Lester Debra Phillips 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is m any injury or other traum Charles Lester Sr. son 2437 Harriett Avenue Baltimore, MD 21230 Pages 1 g 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Steta 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Loudon Park Cemetery 4/1/97 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Othar (Specify) Funeral Sarvice Licanses 22. Nama end Addrass of Facility Ambrose Funeral Home of Lansdowne 2719 Hammonds Ferry Road 21227 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List of yone ceuse on each line. Approximate interval Between Onsat and Death **Physician** /Medical Immadiata Cause (Final Stage cardiomyopality
Dua to (or as a consequence of): year disaasa or condition resulting in deeth) Examiner the buriel-transit Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Ceusa (Disaasa or Injury thet initiated avants rasulting in death) Last pue Dua to (or as a consequance of): certificate be exec Records, P.O. Box 68760. Physician/Medical Due to (or es e consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? Parkin sons Š 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ℃ Unknown signed be del þ Completed 24b. Wara autopsy findings evailabla prior to complation of cause of daath? 24a. Was an autopsy performed? tricuspid regurgitation Pulmonary hypertension 1 Yas 25 No 1 ☐ Yas 2 ☐ No ision of Vital ittending Physician: 25. Was case referred to madical examiner? Be 26. Place of Daath (Check only one) Othar: 4 Nursing Home 5 A Rasidance 6 Othar (Spacify) HOSpice pt 0 1 Yas 25 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Daath 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred Medical Certification: After 1 Netural 5 Pending Invastigation Injury death. 1 ☐ Yas 2 ☐ No 2 Accident estor: 3 Suicida 6 Could not be datarmined 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 4 | Homicide 29a. Cartifiar 15 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner es steted.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29b. Signature end titla of certifier 29d. Date signed (Month, Day, Year) 29c. Licansa number malle Daufup D18362 march, 28, 1997 30. Nama end eddrass of person who complated cause of death (Item 23a) (Type, Print) , 3455, Wilkens Ave, Suite 308, Balto, Md 2/229 K. DANG M.D. 31. Date filed (Month, Day, Year) Begistrer's Signatura



21204

		State	i Maryland / Deμ Ce	ertificate of		, ,	iene 🤪 ig. No.	1 1	111	b
	1. Decedent's Neme (First, Middl	e, Last)				2. Dete of Deeth	1	3.	Time of Dea	ath
Physician /Medical	EDITH		MASSA			APRIL	1, 19	97 12	:25	PM
Examiner	4e. Fecility Neme (If not institution	n, give street end nu	mber)		4b. City, Town, or L	ocation of Deeth	4c. County	of Deeth		
	SAINT JOS	SEPH MED	ICAL CENTE	R	TOWSO	N	BAL	TIMORE	,	
Funeral	5. Social Security Number	6. Sex 1 □ M 2 □ F	7. Age (In yrs. last birthday	If Under 1 Year Months Days		8. Date of Birth (Month, Dey,	Year)	9. Birthplece (Country)	Stete or Fo	reign

Pages 1 and 2 should be filed within 72 hours aftar death with the Maryland nent of Heath and Mantal hygiens. ment of Heath and Mantal hygiens. mit: if them 27 is a marked other than "natural", or items 23a or 28a-f show ury or other traumatic event, he Medical Experiment must be notified at Department of F Important: If ite any injury or ot

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

use as the burial-tran The law requires that the death certificate be axecu Division of Vital Records, P.O. Box 68760. paga 2 should be or Attending Physician: death. Director Š

April 4, 1914 Maryland Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore Carney Director 1 ☐ Yes 2 ☐ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2704 Superior Avenue 21234 U.S.A. Funeral 11 Mantal Status Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14 Rece - American Indien Bleck, White, etc. 1 Never Married 2 Married Yes 2 No 1 Yes 2√ No Specify: White Specify: þ 3 € Widowed 4 Divorced Yeer or Dates: Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Cambridge Tailoring Seamstress N/A 8th grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Matarozza DiBeradino Concetta 2 Samue1 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Al Massa / Son 2704 Superior Avenue Baltimore, Md. 21234 20b. Place of Disposition (Name of 20a. Method of Disposition Date 20c. Location - City or Town, State cemetery, cremetory or other place) 1 Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) Baltimore, Maryland Parkwood Cemetery 21. Signature of Junerel Service Licenses 22. Name end Address of Fecility Hardesty Funeral Home P.A. 12 Ridgely Avenue Ann. Md. 23a. Rant. Enter the diseas, or shock, or heart feilure. List callions that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, cause on each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Final diseese or condition resulting in death) 2 YEARS CRITICAL AORTIC STENOSIS Due to (or es e consequence of): Examiner END-STAGE CONGESTIVE HEART FAILURE DUE TO Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury Due to (or es e consequence of): 10 YEARS ISCHEMIC CARDIOMYOPATHY Physician/Medical that initiated events Due to (or es e consequence of): resulting in death) Lest 10 YEARS RENAL FAILURE Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco uee contribute to the cause of death? 1 ☐ Yes 2X No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveilable prior to completion of ceuse of deeth? Completed 24a. Wes en eutopsy performed 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐XNo Be 25. Was case referred to medical 26. Piece of Death (Check only one) Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Investigation 1 XNaturel 1 TYes 2 Accident 6 ☐ Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Cartifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner stated. Medical 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer)

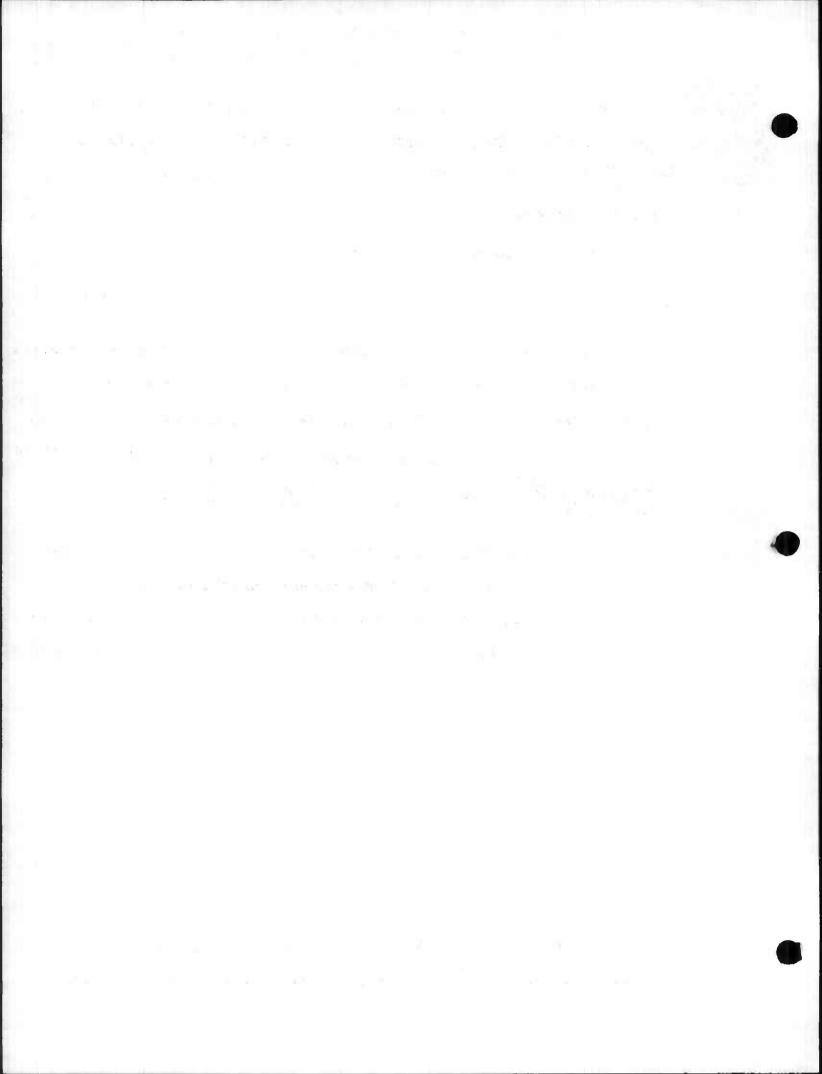
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State Registrar 31. Date filed (Month, Day, Year) APR 0 4 1997



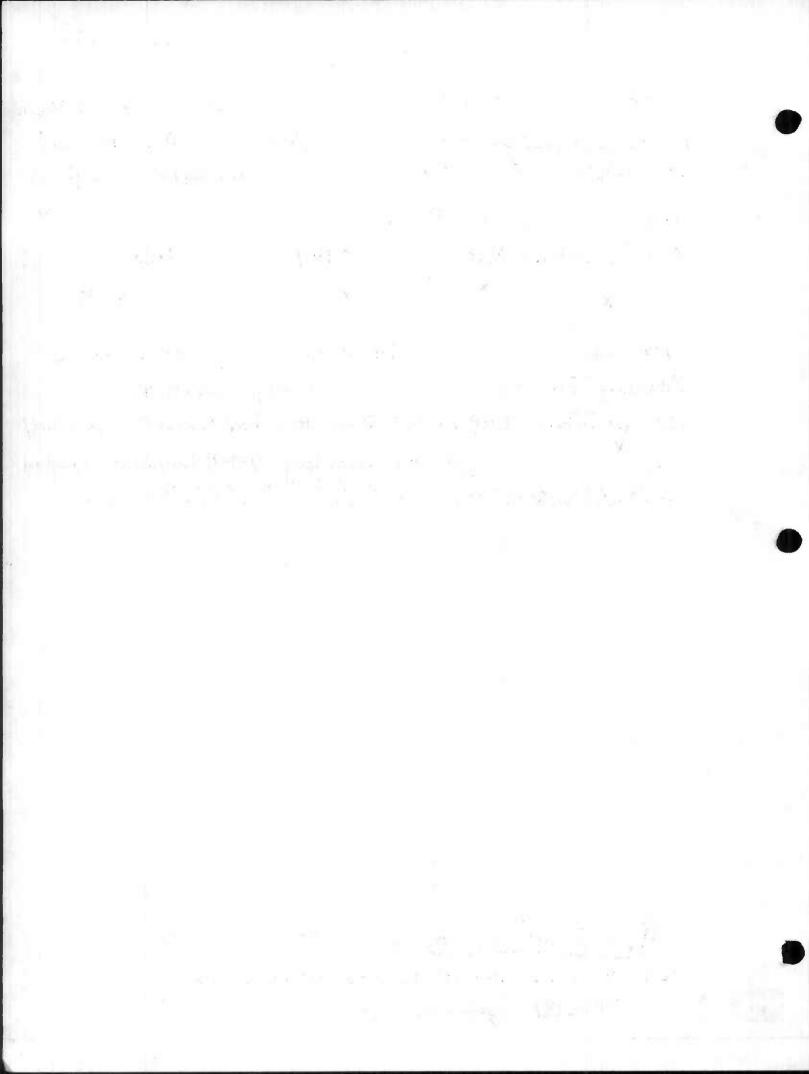
Matividad S. de Lean, M. D.

30. Name end eddress of person who completed ceuse of death (Item 23e) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 0 | 7 State of Maryland / Department of Health and Mental Hygiene

				State of Maryla		ate of D			leg. No.		
Phy	/sicia		Decedent's Name (First, Middle, La. DORRICE	st) MOORI	Ē			2. Date of Dea Month	th Dey	Year	3. Time of Death
	ledica amine	_	4a. Facility Neme (If not institution, giv	e street and number)		4b	City, Town, or I	April Location of Death	4c. County	of Deeth	8:30pm
Fune Direc	_		5. Social Security Number 6. S 217-62-9681 Usual Residence of Decedent		(last birthday) If Ut Hyrs. Mont		If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day June 2	3 1997	Coun	place (State or Foreign itry)
laryland			10a. State 10b. County	10c. C	ity, Town or Location					1	0d. fnside City Limits
the Mary	a mo	ecto	10e. Street and Number	Akurdel	Severy	Zip Code			On Chinas of	10-10-1	1 ☐ Yes 2 No
ath with 23s or	2	2	827 Queenste	win Road	101.	2114	121		Og. Citizen of	What Coun	try?
ter des	1	by Fur	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever In I Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:	If Yes,	-	panic Origin? (S , Mexican, Puerl Specify:	pecify Yes or No- o Rican, etc.)		a - Americ ck, White,	
15-00°		eted	15. Decedent's Ed (Specify only highest gra	ducetion de completed)	16a. Decedent's U	Jsual Occupet work done du	ion ring most of wor	king	16b. Kind of B	usiness/Ind	iustry
212. d withir giene.		Completed	Elementary/Secondary (0-12) 12 9 9Rode. 17. Father's Name (First, Middle, Last)	College (1-4or 5+)	*	mest	ic		00	2 2 1	ome
Maryland 212 d 2 should be filed within the and Mantal Hygiene. The armer ded other than the strength of the s	T. D.	0 00	Sterling Joh	N50A			Evel	ne (First, Middle, I	ither	3	
Pages 1 and 2 nent of Health a nent of Health a nent of Health a nent of Area of the trans			19a. Informant's Namer Aelationship (1) EVELY JOHN 20a. Method of Disposition 1 Burial 2 Cremetion 3 Department of Specify 4 Donation 5 Other (Specify	Son Conother 20b.	19b. Mailing Addi 827 C Place of Disposition (cometery, crematory)	veens	stown	Road, Se Date	20c. Location	City or To	1 land 2144
Baltim permit. Pag Department Important: I	8508		21. Signature of Funeral Service Heen	Sym 5	JOSE		BROWN JR	. FUNERA	L HOME		
Physicia			23a. Part I. Edge the diseas or companies of the companie	olications that caused the dea one cause on each line.	th. Do not enter the r	node of dylng,	such as cerdiac	or respiratory arr	est,	LAND	Approximate Intervel Between Onset and Death
/Medic	_		Imm ate Cause (Final disease or condition resulting in deeth)	Human Imm	une Defici	ency S	yndrome				3 years
Marie .	i i	5		Due to (or as a consequence	of):					
68760, ifficate be executed g physician and as the buile-fransit		CYAIL	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury	b. — Due to (or es e consequenca	of):					
- D 6	Medic	- 1	that initieted events resulting in death) Last	Due to (d	or as a consequence	of):					
O. B. daath a daath a atta	Physician/IV	וכום	Part II. Other significant conditions co	ontributing to death but not res	sulting in the underlyin	ng ceuse given	in Part f.	23b. Dld to	bacco usa co	ntribute to	the cause of death?
cords, P.O. Box (requires that the death certifus open signed by the attending should be detached for use as	hy Phy							1 🗆 Y	es 200No	3 Prob	ably 4 Unknown
e aw	Dieter							24a. Was a perform	n autopsy ned?	eva	pre eutopsy findings hilable prior to inpletion of ceuse death?
= F # 8	٥		SF W					1□ Y	4 84 5	1 🗆	Yes 2 No
Of Vital Physician: T	TO Be		25. Was case referred to medical examiner? 1 Yes 2 No	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3□	DOA Other:		ome 5 Reside		er /Specific	
O E = E	ation: T		7. Manner of Death 1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Injury (Month, Dey Year)	28b. Time of Injury M	28c. Injury e Work?		28d. Describe ho			,
Division tal or Attending rs after death. af Director: Aftei led in by the fune	Certification:		3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of fnjury - At h building, etc. (Speci	ome, farm, street, fac fy)	tory, office		28f. Location (St City or Town	reet and Numb n, State)	er or Aurai	Route Number,
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical	3	29a. Certifier ¼ Certifying Phy (Check only one) 2 Medicel Exami	vsician: To the best of my kno inar: On the basis of examina and manner stated.	wledge, death occurration and/or investigat	ed et the time, ion, in my opin	dete end place, nion, death occur	end due to the corred at the time, d	euse(s) end me ate and place,	enner es sto and due to	eted. the ceuse(s)
Tot Withi	2		19b. Significan and title of certifier	w hAttending	D,	29c. License r D14	1160	2	9d. Date signed 04/03/		Jay, Year)
Da			0. Name and address of person who c Harjit Singh, M.	.D. 5410-A Ri	itchie Hig	_	Baltimor	e, Md. 2	1225		
	State istrar	3	APR 04 19	32. Registrar's Signi	pure Widoon-Alanda	M.					



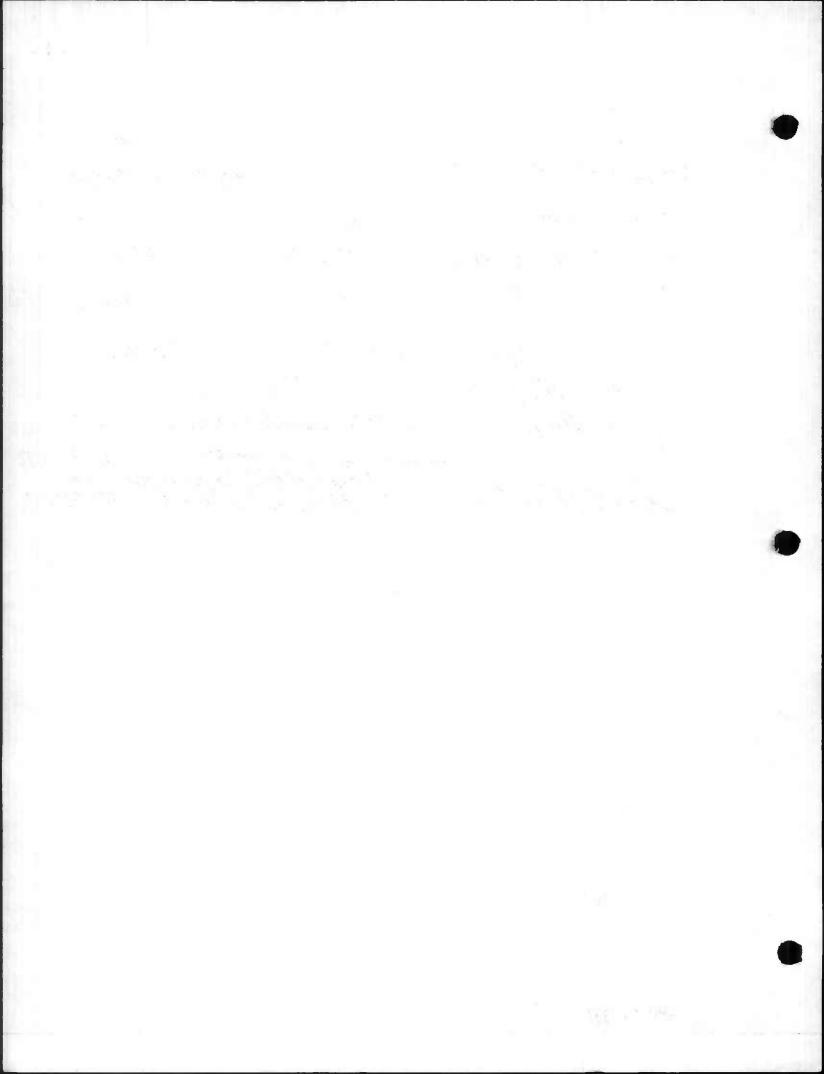
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name /First, Middle, Last) 2. Dete of Death 3. Time of Death Month March March Year Physician George Mayo

4a. Facility Name (If not institution, give street end number) 1:06 am 1997 30 /Medical 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Hospitat Baltimore Harbor 5. Social Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplace (State or Foreign 7. Age (In yrs. lest birthday) **Funeral** 219-42-0040 Usuel Residence of Decedent 1 1 M 2 □ F Days Director IARVILANIV the Maryland 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic avant, the Medical Examiner must be notified at 1 Tes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ö items 23s Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ID Yes 2 I No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 11. Marital Status eges 1 and 2 should be filed within 72 hours after the right of health and Mental Hyglene.

Elf Item 27 is merked other than "natural" or the realmasts. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: Blac þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Callege (1-4or 5+) onsmuc? 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be E, MAYO GR. GEORGE 19a. Informent's Name/Relationship (Type, Frint) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20b. Place of Disposition (Name of cometery, cremetory or other place) GLORIA 20e. Method of Disposition 1 DBurial 2 Cremation 3 Removal from State /5 ☐ Other (Specify) 4 Donation 21. Signature of Funeral Service Licenses the disease, or complications that caused the death. Do not enter the mode of dying, such as lear failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final 1 month diseese or condition resulting in death) Examiner neu moniou the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, 1 year Physician/Medical Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? Acute Renal Failure 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Ø Unknown Division of Vital Records, à 24b. Were eutopsy findings evallable prior to completion of ceuse of deeth? Completed 24a. Was an autopsy performed? Hepatitis B certificate 1 Yes 1 ☐ Yes 2 ☐ No Hospital or Attending Physician:
It hours after death.
Funeral Director: After this certifica 25. Was cese referred to medical examiner? Be 26. Plece of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P L 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Medical Certification: 28c. Injury et Work? 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident In by the 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 15% Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) end manner stated. 29b. Signature and title of certifier 29d. Date signed (Month, Dey, Year) 29c. License number Naderi, MD 2441614-61 March, 30, 1997 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print).
He i Naderi, Harbor Hospital Center, 3001 South Hanover St., Baltimore

State Registrar 31. Date filed (Month, Day, Year) APR 0 4 1997 32. Registrar's Signature



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 1 1 9

_						Certifi	cate of	Death		Reg. No.		
ж	Physic	an	1. Decedant's Nama (First, Middla, Las						2. Data of De Month	Dev	Year	Tima of Deeth
	/Medi			Anna El		th Mc	Willi		March	30,19		5:15pm
	Examir	ner	4a. Facility Name (If not institution, giva					4b. City, Town, or				
	_		3 Buchana 5. Social Sacurity Number 8. Sa		a (In yrs. last	hinter III	Undar 1 Yaar	Hurstl	eigh	Ba	ltimor	e Co.
	Funeral Director			DM 20X(F	88 88		onths Days		Aug.31	y, Year) , 1908	Balto.	(Stata or Foreign Md.
	nyland		10a. Stata 10b. County		10c. City, To	own or Location	n :					nsida City Limits
	e Ma	cto	Md. Balti	more	Hur	stlei	gh-Wo	odbrook			1	☐ Yas 2☐No
	or 2	Die	10e. Street and Number			10	Of. Zip Coda			10g. Citizen of N		
	ath w	ra l		nan Road		j.		.212			SA	
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	und	am		b/T	Dua to (or as		1					040)_
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5	Aftar A fune	ţ	1 ☑ Neturel 5 ☐ Panding 2 ☐ Accidant Invastigation	(Month, Da	y Year)	Injury N		ork?]Yas 2∐No				
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	_		Wangelos.	C. day	nos	MO	010	9583		3-3	1-9	7
	15		30. Nama and addrass of person who co								•	-
_	1		Dr. Evangelos L	ignos	7801	York	Road	Towson,	Md. 2	1204		
	Sta	ite	31. Data filad (Month, Day, Year)	32 Registr	ar's Signatura							

DHMH 16 Rev 6/95

Several of of discrete by the September 1995 5 . 5 . 5 이름이 10 보고 된 문에 되었다고 있으라고 있다. 일반 기계를 가지 않는 것으로 되었다. ; · ·

State of Maryland / Department of Health and Mental Hygiene Item8 4-7-97 FilmG746 W.H. Per F/H

Certificate of Death 1. Decadant's Name (First, Middle Last) 2. Dete of Deeth 3. Time of the **Physician** April 2, Day 1997 Car1 PAUGH SR 10:58 #m /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Franklin Square Hospital Center Rosedale Baltimore If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, 2, 5. Social Security Number # Under 1 Year 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign **Funeral** Days 15 M 2□ F 70 Sept. - 1926 West Virginia Director 213-22-4246 Yrs. Usual Residence of Decedent the Maryland 10a State 10h Count 10c. City, Town or Location na 23a or 28a-f show 10d. inside City Limits Maryland Baltimore **Fssex** 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? With 429 Torner Road 21221 U.S.A. Funeral death items 2 11 Maritel Stetus 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, the Medical Examiner Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Married 1 Yas 2 No If Yes, Give Yeer or Dates: 21215-0020 ò 1 Yes 2 No Specify. þ Specify: 3 ☐ Widowed 4 ☐ Divorced "natural", White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working lifta. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grade completed) than Hygiana. Elementery/Secondery (0-12) Collega (1-4or 5+) Fence Manufacturer Machine Operator .. Pages 1 and 2 should be filed w tment of Haath and Mental Hygian tant: if item 27 is marked other th Jury or other traumatic event, in 6 altimore. Maryland 17. Fethar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Albert Paugh Fronia Hanlin 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Helen Paugh (WIFE) 429 Torner Road Essex, Md. 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ₩ Buriel 2 Cremation 3 Removel from State Depertment of Important: If any injury or Holly Hill Mem. Gardens 4/4/1997 Baltimore Co., Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licens. 22. Name and Address of Facility
Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 21221 art 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. **Physician** /Medical Immediate Ceusa (Finel e. Respiratory Tract Infection disease or condition rasulting in deeth) 2 Weeks Examiner Due to (or as e consequança of): Examiner Endocarditis and Bacteremia 1 Month

Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying Couse (Diseese or Injury that Initioted events resulting in death) Lest

29b. Signeture and title of certifier

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	Due to (or es e consequenca of):	
c		
	Due to (or as e consequence of):	1
d		
contributing to	death but not resulting in the underlying cause given in Pert I.	23b. Did tobacco use contribute to
contributing to	death but not resulting in the underlying cause given in Felt I.	230. Did tobacco use contribute to

29c. License number

RD1914

29d. Date signed (Month, Dey, Year)

April 2, 1997

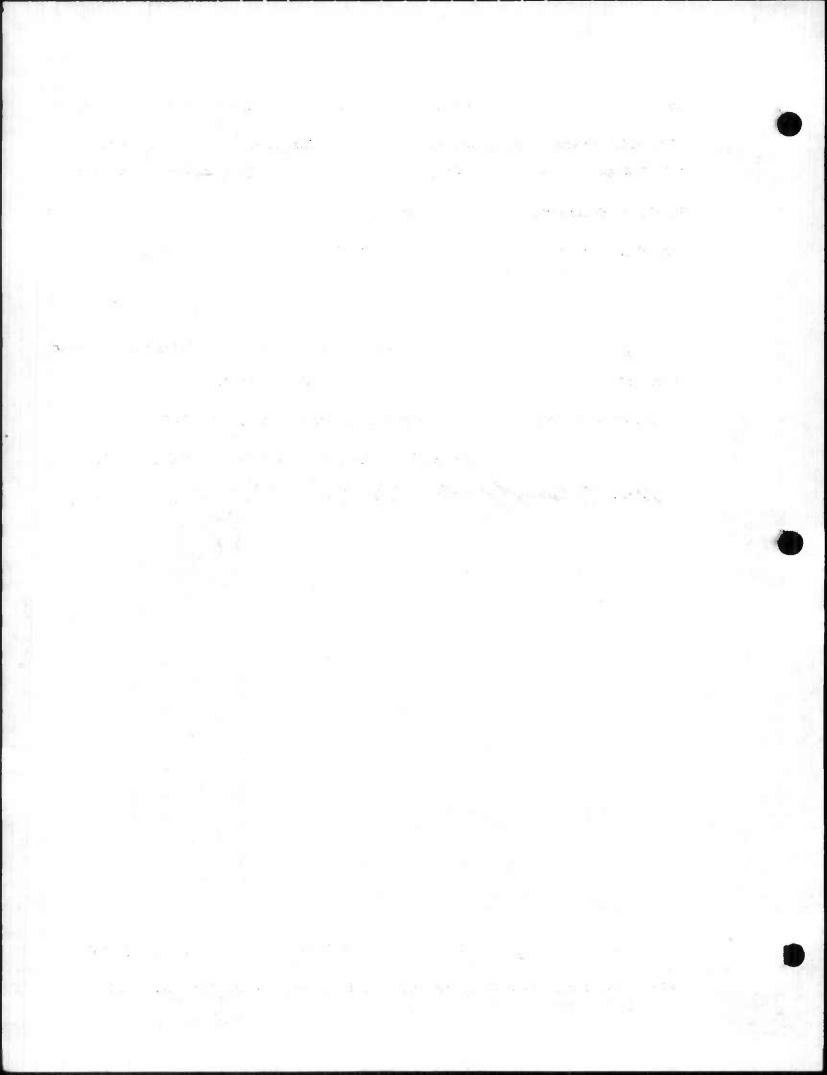
Physician/Medical Pert II. Other significant conditions the cause of death? 1 Yes 25 No 3 Probably 4 Unknown Ventricular Tachycardia þ Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evelleble prior to completion of cause of death? Renal Impairment 1 Yes 2 X No 1 ☐ Yes 2 ☐ No Cerebral Infarcts Be (25. Was casa referred to medical exeminer? 26. Pleca of Daath (Check only one) Othar: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Panding investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be datermined 3 ☐ Suicide 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide 29a. Certifier Medicai Certifying Physicien: To the best of my knowledga, daath occurred et tha time, date end piece, end due to the cause(s) end menner es steted. (Check only one) 2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred et tha tima, data end piece, and dua to the cause(s) end mennar steted.

The law requires that the death certificate be executed P.O. Box 68760, physicien the USe as ed by the a signed by t Division of Vital Records. been paga 2 has Attending Physician: this After deeth. eftar deeth 2 ò To the Hospital o within 24 hours of To the Funeral Di completaly

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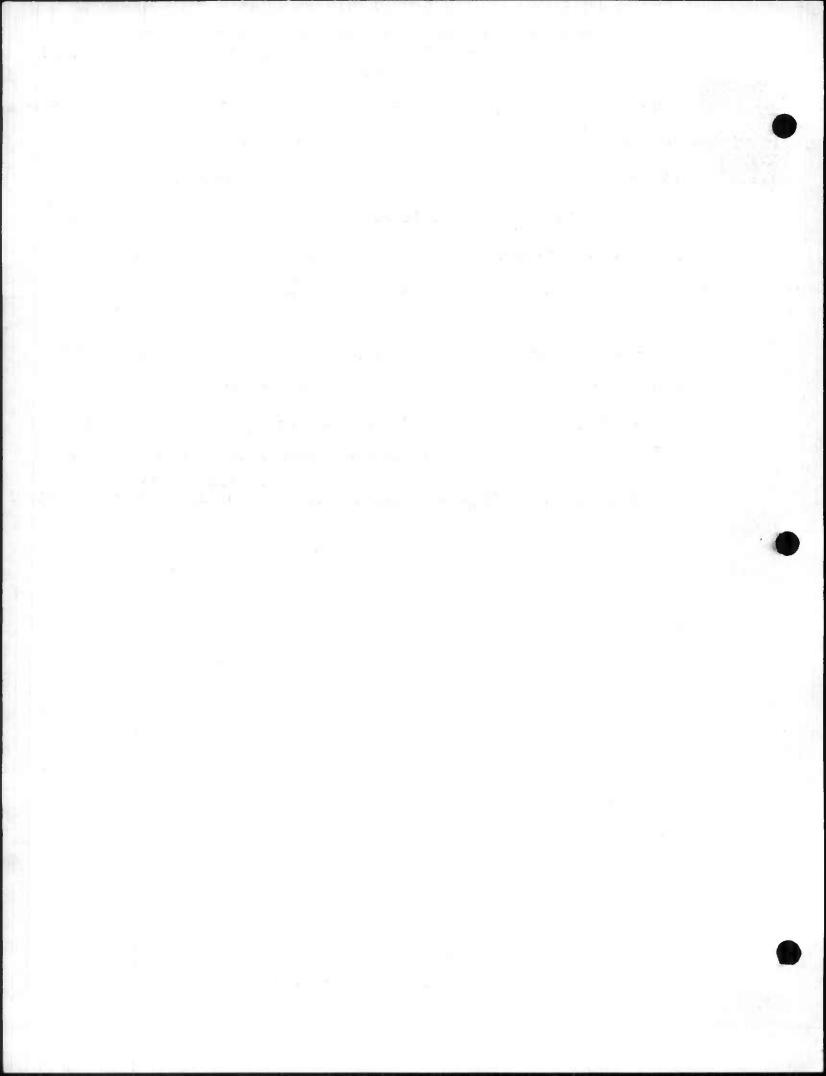
State Registrar 30. Nama and eddress of person who completed cause of deeth (Item 23a) (Type, Print) 9000 Franklin Square Drive, Baltimore, Maryland 21237 Rima Couzi M.D. 31. Dete filed (Manth Pay Yeer) APR 0 4 32. Registrer's Signeture

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 | 0 | 2 |

						Ce	rtificate	e of	Death			Reg. No.			
	Physic		Decedent's Nama (First, Middla, Cephus	Last)		Pow	ell				2. Data of De Month O 3		Yaar 97		na of Death
10	/Medi		4a. Facility Nema (If not institution,	oive street and num	ber)				4b. City. To	wn. or Le	ocation of Deetl		nty of Death		· o o p iii
A.	Exami	ner -	Bon Secour Ho	spital			M Lindon		Bal	timo	ore		NA		
	Funeral Director		5. Social Sacurity Numbar 244-48-2709 Usual Rasidenca of Decedant	Sax XIXM 2□ F	7. Age (In yrs. 61	Yrs.	Months	Days		Min.	8. Data of Bir (Month, Da 3/4/36	y, Year)	9. Birthp Cour N	olace (St otry) C	ata or Foreign
	land land		10a. Stata 10b. County		10c. Cit	y, Town or Lo	ocation						1	0d. fnsi	de City Limits
	Men.	ō	Md. NA			Balti	more							10	Xes 2□No
	7 28 P	ie l	10e. Straat and Number				10f. Zip	Code				10g. Citizen	of What Cour	ntry?	
	h wit	a D	3602 Kenyon	Avenue			2	212	13			US	SA		
120	d within 72 hours after death with the Meryland jiene. Then "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	by Funeral Director	11. Maritel Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Daced Armed Ford 1	cas? 20 No		Was Decedif Yes, special				ecify Yes or No Rican, atc.)	14. F E Spe	lace - Amaric Black, Whita,		n,
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ılar	Afente fente rked tic ex	TOB	George Powel	.1					Lil	lie	Mae	Jones	5		
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	드급이노		Cathy Powell			360	2 Ker	170	n Ave	enue	Balt	imore	Md.	21:	213
Jre,	of Heal		20a. Mathod of Disposition			Placa of Disperantary, cra	osition (Nam	a of			Data		n - City or To		
E	Pege ent on ry or		1X Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe		tata V	oshel	1 Men	n -	Garde	ens	04-05	-97 Di	undal	k,M	d.
Baltimore,	permit. Peges 'Department of Finportant: If Ita any Injury or of once.		21. Signature of Funeral Sarvice Lic			2:	2. Nama and	d Addre	ass of Facilit	by D	altimo	xo M	arula	nd	
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60,	be exician a		Sequentielly list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury thet initieted avants	C									1		
ox 68760,	that the death certificate be executed of by the attending physician and deteched for use as the buriel-trensit	/Medical	thet initiated avants resulting In death) Last	d	Dua to (o	ras a consec	quanca of):								
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o	Phys this ral di	H	1 ☐ Yas 2 ☑ No 27. Manner of Death	1 1 In		ER/Outpatian 28b. Tima o		^	4 LINU	irsing Ho	ma 5□Rasi 28d. Dascribe			(y)	
Division	al or Attanding Ph s after deeth. ii Director: After th ed in by the funeral	Certification:	1 Natural 5 Panding 2 Accident invastiga 3 Suicida 6 Could no	he		Injury	М		rk? Yas 2□	No					
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	To the Hospital or A within 24 hours after To the Funeral Direction Completely filled in b.	edical	29a. Cartifier 1 Certifying (Check only one) 2 Medical Ex	Physicfan: To the base aminer: On the base and manne	sis of examina	wledge, deat tion and/or In	h occurred e vastigation,	t tha ti	ma, data an opinion, dea	d place, th occur	and due to the red at tha tima,	ceuse(s) end date and place	mennar as s e, end due to	tated.	ısa(s)
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth 3. Time of Death Month 1.30 Am 4b. City, Town, or Location of Deeth 4c. County of Deeth

Physician /Medical **Examiner**

Funeral Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Heelth and Mental hygiene.
Important: If Item 27 is marked other than "naturel", or items 23a or 28a-f show enly injury or other treams the marked orbits and per notified at

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

> buriel-transit ettending physician for use as the burie 2 peen certificate this

Records, P.O. Box 68760.

Division of Vital

The lew requires that the death certificate be the Hospital or Attending Physician: hin 24 hours efter death. Director: After thi To the Funeral Dir

1. Decedent's Neme (First, Middle, Last) Pletzer seome 4a. Fecility Neme (# not institution, give street end number) millersuclle Arundel KNOILWOOD Anne Manor If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, MAY 5 1 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Months 1⊠M 2□ F 215-03-7175 92 Yrs. Maaryland Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. n/a Baltimore Director ¥ Yes 2□ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1603 Webster Street 21230 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 11. Marital Status Was Decedent of Hispento Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck. White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 XNo If Yes, Give Year or Dates: 1 ☐ Yes 2 XNo Specify. white þ Specify: 3 X Widowed 4 Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Washington Navy Polisher Buffer Yard 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be George A. Pletzer Susan Miller 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Leonora Alt (daughter) 180 Weaver Lane Hampstead, Md. 21074 20b. Pleca of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition April 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete Loudon Park Cemetery 5 Other (Specify) 1997 Baltimore, Md. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility McCully Funeral Home of South Balto. 130 E. Fort Ave. Baltimore, Md. 21230 Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Immediate Ceuse (Finel disease or condition resulting in deeth) . ARTEMOSCLERUTIC CARDIOVASCULAR Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequença of): Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown þ Completed 24e. Wes en autopsy performed? 24b. Were eutopsy findings evelleble prior to completion of cause of death? 2 1100 1 Yes 2 No Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No ٩ 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) 28c. injury et Work? Medical Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Naturei 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner es steted. 29a. Certifier 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signature and time of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) MO APRIL

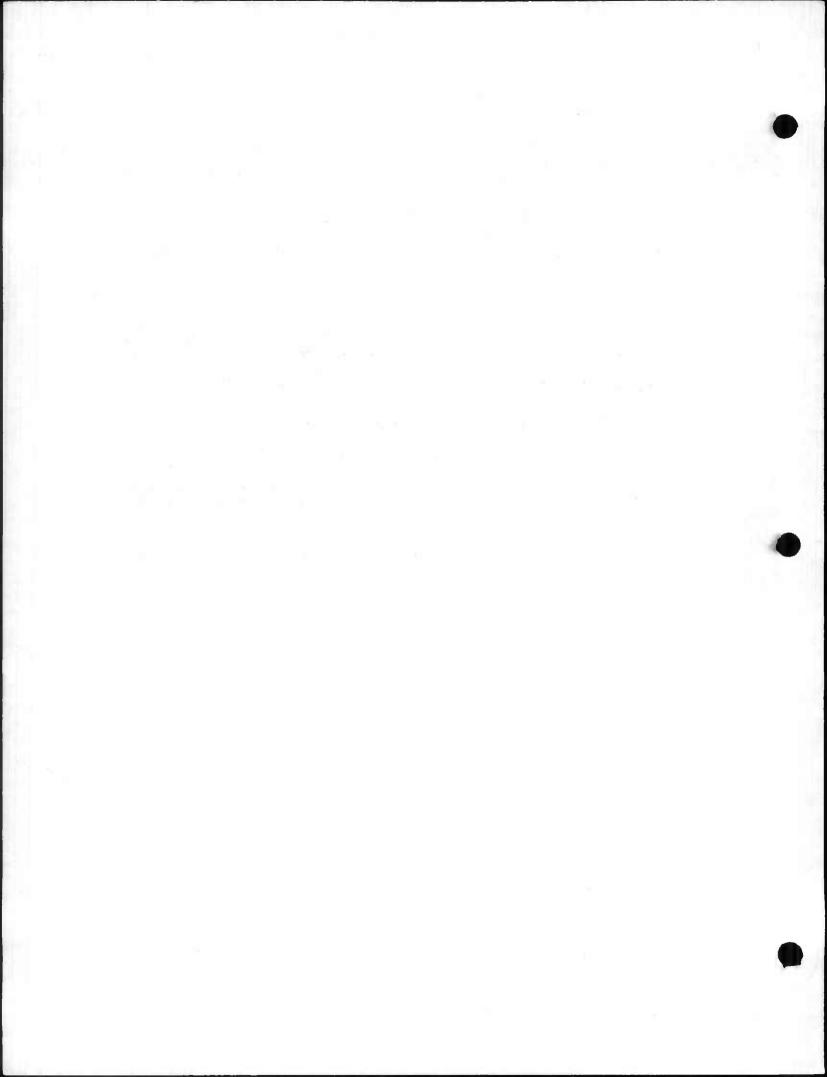
203 & PATAPS CO AUC

BACIMONE ZIEZA

who completed cause of deeth (Item 23e) (Type, Print)

Julia Ball de Marie Marie 1800

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item 1 per FHY Film G746 4-9-97 rja Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 4e. Fecility Neme (If not institution, give street end number) 8.30am /Medical 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Bon Secors Hospital Baltimore n/a 8. Dete of Birth (Month, Dey, Year) Oct. 22, 1928 5. Social Security Number If Under 1 Year If Under 24 Hrs. Funeral 7. Age (In yrs. last birthday) Birthplece (Stete or Foreign Country) Months 1 M 2 F Deys 220-22-2053 Yrs. 68 Director MD Usuel Residence of Decedent 10a Stete r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10b County 10c. City. Town or Location 10d. Inside City Limits Director TTYes 2 No MD n/a Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 2329 W. Lanvale St. Funeral 21216 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 27(No If Yes, Give Year or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Marital Status Peges 1 end 2 should be filed within 72 hours after 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: Completed by Specify: Black 3 Widowed 4 □ Divorced 16e. Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12th Bar Maid Edmondson Lounge traumatic event. Baltimore, Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) ont of Health and Mental H t: If item 27 is marked oth y or other traumatic even Be Clarence McGhee Odessa Miller 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Deborah H. Round/daughter 2329 W. Lanvale St. Balto., MD 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State Depertment of Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) Mt. Calvary Cemetery 4/8 Anne Arundel, MD 21. Significance of Funeral Service Licensee 22. Neme end Address of Fecility James A. Morton & Sons Funeral Home 701 Laurens St. Balto., MD los 21217 heart feilure. List only one ceuse on eech line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final Enostage Renal Failure 3days diseese or condition resulting in deeth) Examiner Examiner Cardiomyopathy The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): the burial-trar obstructive Pulmonary Desense Division of Vital Records, P.O. Box 68760, physician Chronic Physician/Medical Due to (or es e consequence of) Desease Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detack 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? After this certificate has 2 No Attending Physician: Be 25. Was case referred to medical 26. Place of Deeth (Check only one) exeminer? 1 Yes 2D No Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 spital or Attending Physisours after death.
neral Director: After this or 27. Manner of Deeth
1 DiNetural
2 Accident 28c. Injury et Work? Medical Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide Hospital To the Hospital within 24 hours a To the Funeral C completely filled 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, date end placa, end due to the cause(s) and menner stated. 29b. Stanature and title of 29c. License number 29d. Dete signed (Month, Dey, Year)

Battimore MPZ1215

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Registrar

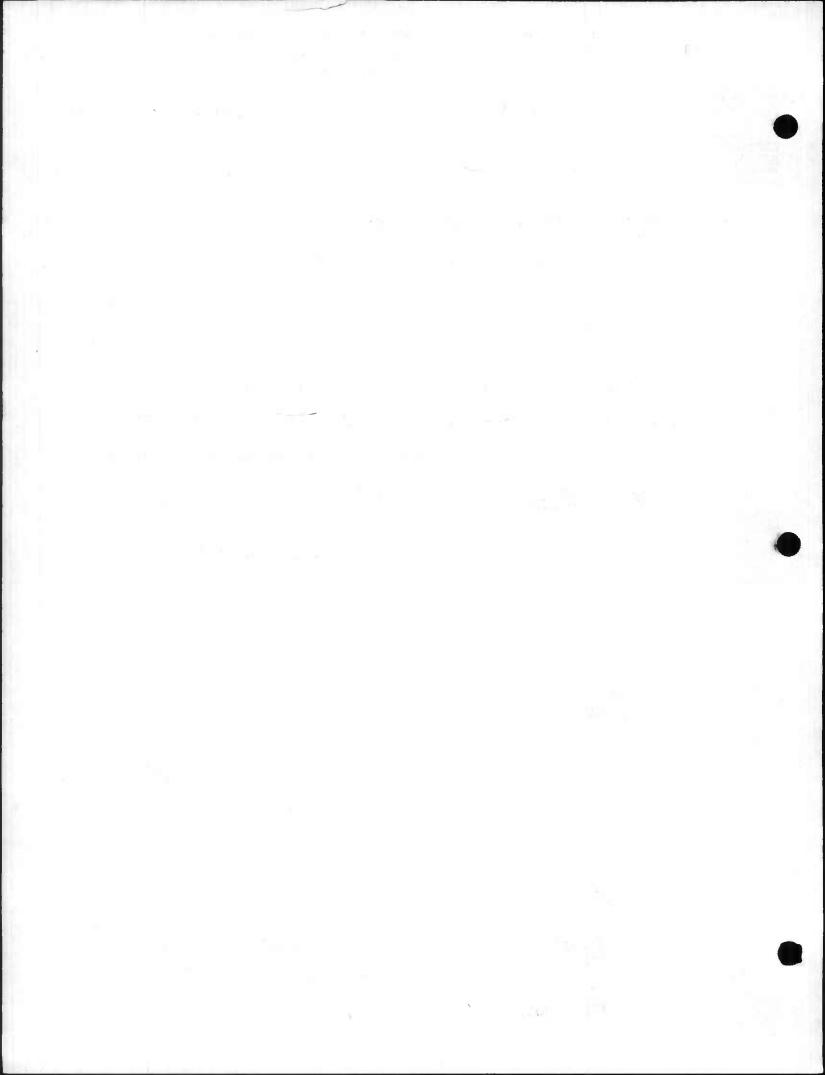
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31. Date filed (Month

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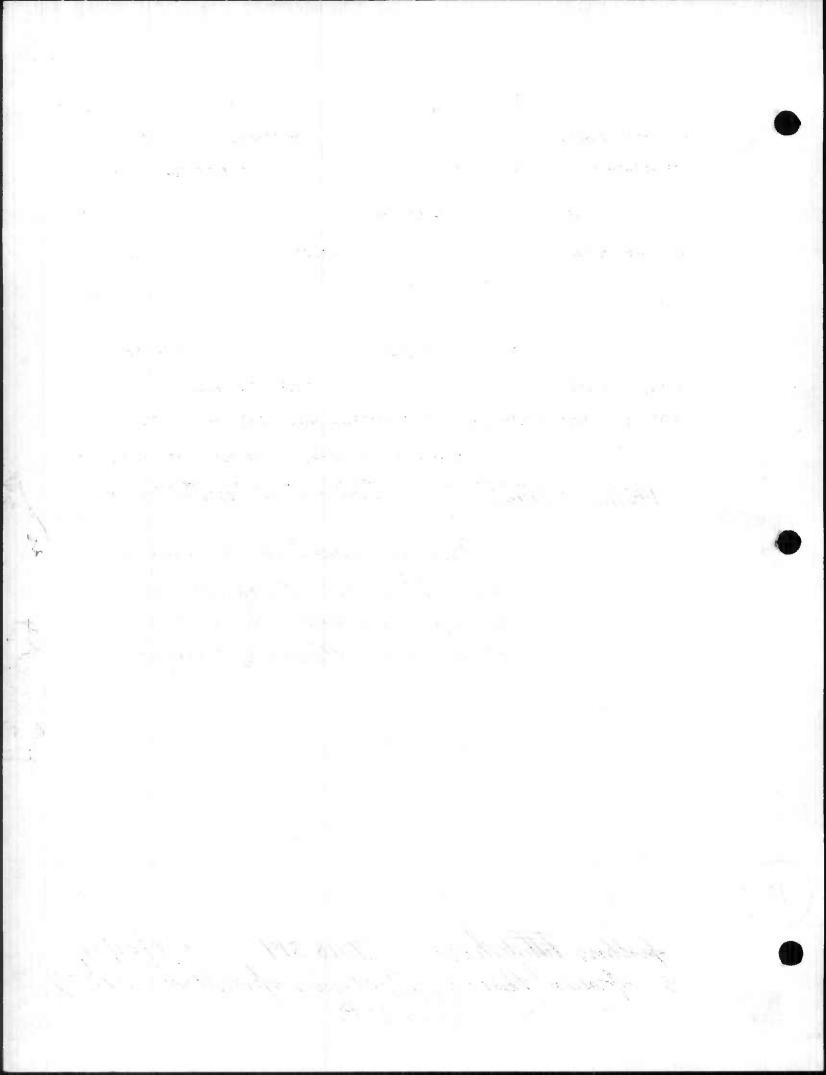
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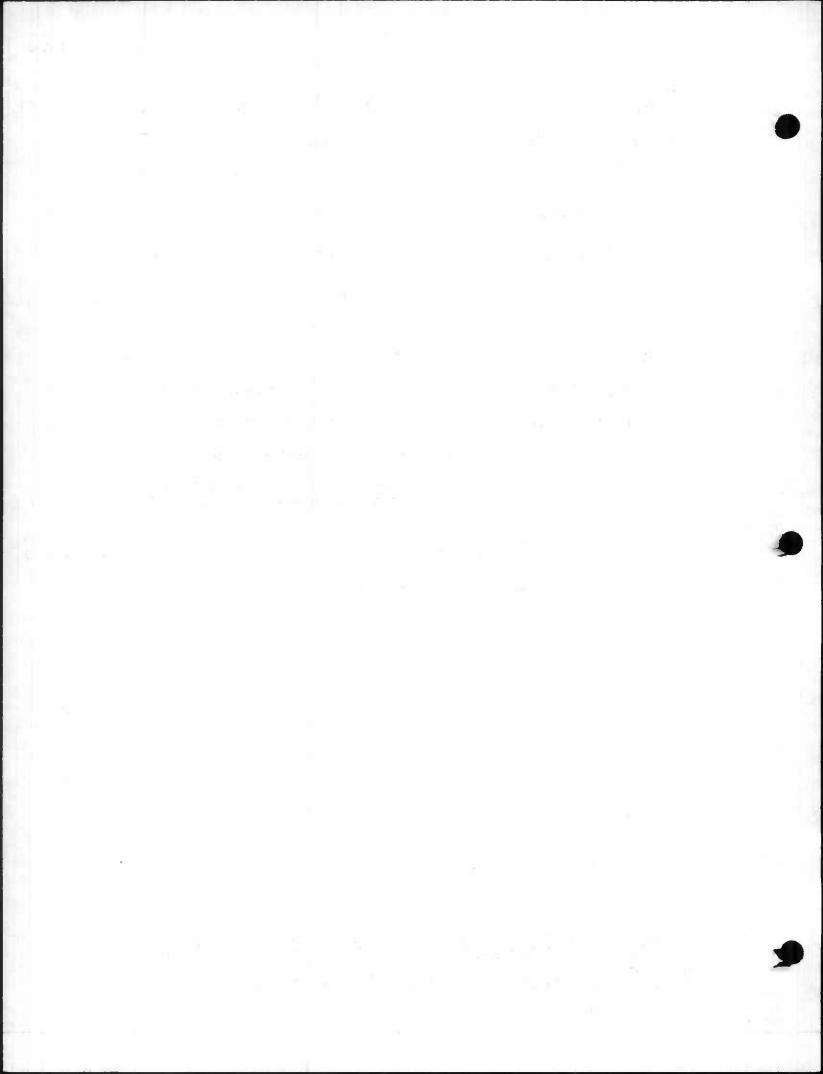
Certificate of Death

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020	be filed within 72 hours after deeth with the Maryland tal Hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	11. Marital Status	ied 2□ Married	12. Was Dec Armed F 1 Yes If Yes, G Year or I	orces? 2∰No ive			√as Dece Yes, spe	dent of l	Hispanic Ori pan, Mexicar		ecify Yes or No Rican, etc.)	- 14	4. Raca - Americ Black, White, Specify: Whi	etc.	on,
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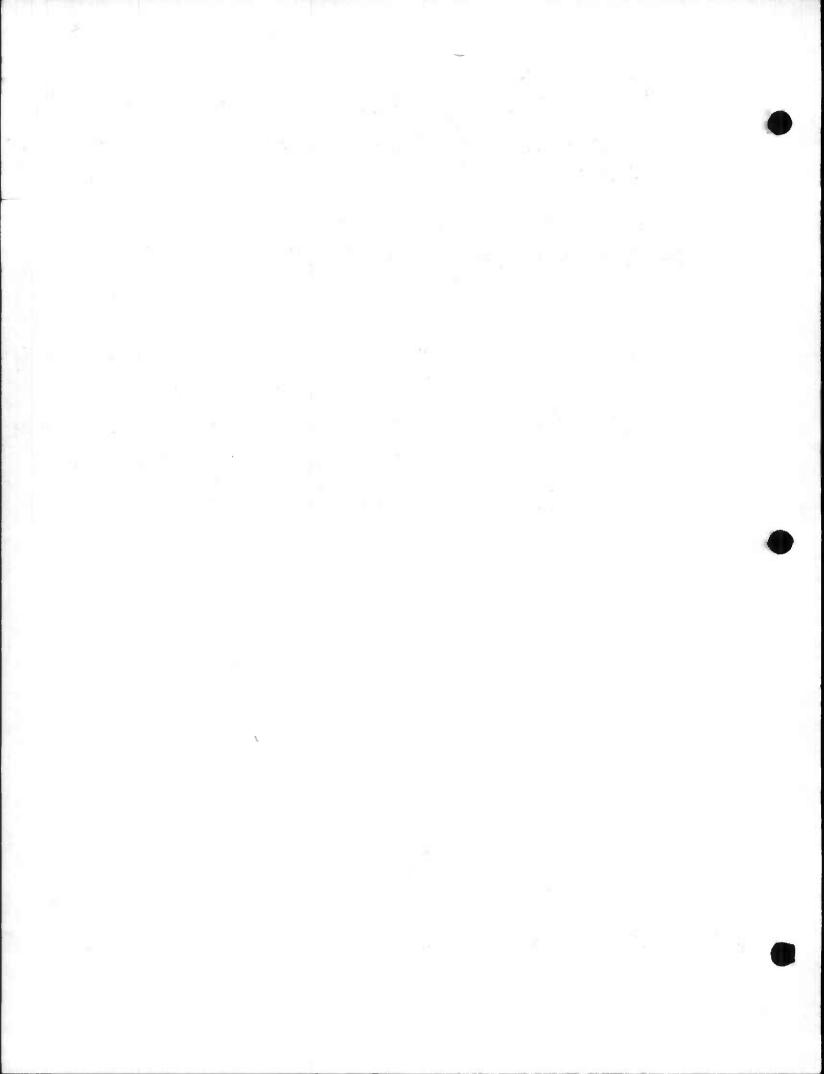
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nyland show		Usual Residence of Decedent 10a. Stata 10b. County Md • Ba1	10c. Cit	y, Town or L	ocation	M	iddle Ri	vor		10	d. Inside City Limits	
tha Ma	Director	10e. Street end Number			10f. Zip Code				1 ☐ Yes 2 No			
s 23a or	erai Di	2200 Vailthorn			21220				USA			
n 72 hours after death with the Manyland "neturel", or ftems 23a or 28a-f show voical Examiner mast be notified at	by Funerai	11. Maritel Status 1 Never Married Marrie 3 Widowed 4 Divorced	12. Wes Decedent Ever in U Armed Forces? d 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:			Was Decedent of Hispenic Origin? (S Yes, specify Cuban, Mexican, Puerl I □ Yas 2 ፟፟ No Specify:		Specify Yes or No- to Rican, etc.)		14. Raca - American Indien, Bleck, White, etc. Specify: White		
	etec	15. Dacedent's (Specify only highest	15. Dacedent's Education (Specify only highest grede completed)		16e. Decedent's Usual Occupation (Give kind of work done during most of worki life. DO NOT usa retired)				16b. Kind of Business/industry		ustry	
within 72 ho jiena. r than "natur	Completed	Elementery/Secondary (0-12) 9th	College (1-4or 5+)	Waitress					Food			
il Hygid	BeC	17. Fethar's Nama (First, Middle, La	ıst)				18. Mother's Ne	eme (First, Middle, Meiden Surname)				
lid be lanta ked ic ev	To B	George Jollymore			Mai				ry Dellaveque			
2 should be and Mantal Is marked o	-	19a. Informant's Neme/Relationship						Rural Route Number, City or Town, Stete, Zip Code)			Code)	
1 and 2 Health a am 27 Is		Carroll Root /husband						Baltimo				
pemit. Pagas 1 and 2 should be filed Department of Health and Mantal Hyg Important: If Itam 27 is marked othe any Injury or other traumatic event, once.		20a. Mathod of Disposition 1 DBurial 2 Cremetion 3 4 Donetion 5 Other (Spe	Removel from State	Plece of Disponentery, creardens	metory or	other place	Cemeter	Date y4/5/97	20c. Locetion -			
permit. Pages 1 and 2 should be filed within 72 hours at Department of Health and Mantal Hygiena. Important: if Itam 27 is marked other than "natural", or any injury or other traumatic event, if a Musical Example.		21. Signetura of Funerel Service Licensee 22. Name end Address of Fecility Connelly Funeral Home of Essex										
		23a. Peri1. Enter the disease, or complications that caused the death. For more enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each one. Approximate Intervel Between								Intervel Between		
Physiclan /Medical Examiner		Immediata Cause (Final disease or condition assulting in death) 24 hours										
P #	iner		_ AICONOLS	es e conse	Circle of)	r r	Ś			1	year	
ficate be axecute physician and as the burial-trans	Examiner	Cause (Disease or Injury that initiated avants resulting in deeth) Lest Due to (or es e consequence of):										
eath certificate be axecuted attending physician and for usa as tha bunal-transit	Medical											
death cert a attandin ad for usa			d									
v requires thet the death co been signed by the attend should be deteched for us.	Physician/	Part II. Other significant conditions	utting In the u	ing In the underlying cause given In Pert I.				23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown				
iras th signed	by							lan w				
2 8 8	Completed								as en eutopsy rformed? 24b. Were eutopsy fi eveileble prior to completion of ce of death?		leble prior to pletion of cause	
E se P	S							101	res 2 No	10	Yas 20 No	
or Attanding Physician: Thisfar death. Director: Aftar this cartificate in by the funeral director, pag	Be	25. Wes case referred to madical exeminar?						ath (Check only o	ne)			
	10	1 ☐ Yas 2 No		ER/Outpetler			4 Nursing Home 5 Hesi		dence 6 Other (Specify)			
	O.	27. Manner of Deeth 1 ☑ Naturel 5 ☐ Panding	28e. Dete of Injury (Month, Dey Year)	28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury			et </td <td colspan="3">28d. Describe how injury occurred</td> <td></td>	28d. Describe how injury occurred				
or Attanding after death. Director: After I in by the funa	Certification:	2 Accident investigation			M 1 ☐ Yes 2 ☐ No a, farm, street, fectory, offica			28f. Location (Street end Number or Rural Route Number, City or Town, State)				
Hospital 24 hours Funnyal etsiyilied	edicai Ce	29a. Cartifler (Check only one) 29a. Medical Examiner: On the bast of my knowledge, deeth occurred et the time, dete and plece, end due to the causa(s) end menner es stetad. 29a. Cartifler (Check only one) 2 Medical Examiner: On the basts of examinetion end/or investigation, in my opinion, death occurred et the time, dete end placa, and due to the causa(s)										
Adu	₩ W	one) end manner steted. 29b. Signature end title of cartifier 29d. Date signed (Month, Day, Year)										
		John (n-	1. RES-000								
6		30. Name and address of person with Sohn C. ISA	1.0 -	30hn	Print)	oKir	15 Hos	Pital				
St	ate	31. Data filad (Month, Day, Yaar)	32. Ragistrar's Signa			0		1.00				



State of Maryland / Department of Health and Mental Hygiene

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]	ITDM#8 PER F.H. 4/18/97 FLM#G746 J.A. Certificate of Death		ig. No.	10121
	B) 500		Decedent's Nama (First, Middla, Last)	2. Data of Daatt	n	3. Timg.at Death
	Physici /Medi		Alvin Elma SNell II	Month _	Day 199	7 11 Pm
	Examir		4a. Facility Neme (If not institution, give streat end number) 4b. City, Town, or Loc	cation of Death	4c. County of	Deeth
			5. Social Security Number 6. Sex 7. Aga (In vrs. lest birthday) If Undar 1 Yaar It Undar 24 Hrs.	nove	N	14
	Funeral Director		216-40-1362 12 F 54 Yrs. Months Deys Hours Min.	8. Data of Birth (Month, Day, MAY 13,194		Birthplace (State or Foraign Country) MARY HMC
	end **		Usual Residence of Dacadant 10a. Stata 10b. County 10c. City, Town or Location			10d. Insida City Limits
	Mery	to	manyland N/A BAITIMANE			1 PYas 2 No
	or 28s	Director	10e. Streat end Number 10f. Zlp Code	10	g. Citizan of Wh	at Country?
	23a c		4408 Towanda Ave, 2nd floor 2/215		4.5	A
	tems	Funeral	11. Maritel Status 12. Was Decedant Evar in U,S. Armed Forcas? 13. Wes Decedant of Hispanic Origin? (Specific Yes, specify Cuban, Maxicen, Puarto F	ecify Yes or No- Rican, etc.)		American Indian, White, etc.
20	ours efter deeth with the Merylen ral', or items 23a or 28a-f show Examiner man be notified a	by F	1 □ Navar Marriad 2 □ Married 1 □ Yas 2 ₺ No Specify: 3 □ Wildowed 4 ₺ Divorced Year or Detas:		Spacity	AFRICAK
00-	within 72 hours efter deeth with the Meryland ene. Than "netural", or items 23e or 28e-f show ne Medical Example inval be notified at	ed t	15. Dacedant's Education 16a. Dacedant's Usual Occupation	1	16b. Kind of Bush	ness/industry
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21	ygien ygien f. th	Con	11th O Break Down works	er A	luto Meci	panic Industry
and	od off	Be	17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema	a (First, Middla, N	faidan Sumama)	0
Maryland 21215-0020	ges 1 and 2 should be filed within 72 ho to f Health eard Mentel Hygiene. If fem 27 is marked other than "netur or other traumatic event, the Medical	2	19e. Informant/s/Ngme/Ralationship (Type, Print) 19b, Mailing, Addrass (Street and Number or Rura	J Boute Number	City or Town St	ete Zin Code)
	nd 2 state or trau	4	hars Phama tipelor 4408 tows and Aug ?	nd Fl	or Bo	14. m/210-
ore,	of Hei	1	20a. Mathod of Disposition 20b. Place of Disposition (Nama of generally cramatory or other place) 20b. Place of Disposition (Nama of generally, cramatory or other place)	/Date 2	20c. Location - Ci	ty or Town, Stata
Baltimore,	Per ner ner ner ner ner ner ner ner ner n		1 B Burial 2 □ Cremetion 3 □ Removel from State 4 □ Donation 5 □ Other (Specify)	19/97	BALI	to, Co. mi
Ball	permit. Pe Depertmen Important: any injury		21. Signature of Funaral Sarvica Licansaa 22. Nama and Address of Facility	EUNe.	rAl H	ome
	00240		Joseph J. Kuss 2232 W. North Ac	ie. BAI	Timore	mc. 212/6
			23a faitt. Enter the diseesa, or complications that caused the death. Do not anter the mode of dying, such as cardiec or heart failure. List only one cause on each line.	or respiretory erra	st,	Approximata Interval Batween Onsat and Death
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	D 45	iner				
	icete be executed physicien end s the bunel-transit	Examiner	Sequantially list conditions, if any, leading to immediate			
68760,	sicien burie		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated evants			
89	g phy es the	ledicai	rasulting In daath) Last Dua to (or as a consequence of):	7		
Вох	eath cer ettendin for use	Physician/M	d			
O. H	he ett he ett	sici	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did tol	bacco use contr	ibute to the cause of death?
Division of Vital Records, P.O.	Attending Prysician: The law requires that the death certificate be execut by deep. Attending physicien and ector: After this certificate has been signed by the ettending physicien and by the funeral director, page 2 should be detached for use as the buriel-trans.			127	8 2□ No 3	☐ Probably 4 ☐ Unknown
ds,	ures sign	Completed by		24a. Was ar	autopsy	24b. Ware autopsy findings
Ö	w require	lete		perform		eveilable prior fo completion of cause of death?
Re	te hes age 2	omp		1 □ Ye	s 2 No	1 ☐ Yas 2 ☐ No
ıta	certificate	Be C	25. Wes case refarred to medical 26. Plece of Death			
of V	this ce	2		me 5 🗷 Rasida	nce 6 Other	(Specify)
o uc	After t	inol.	1 ☑Natural 5 ☐ Panding (Month, Day Year) Injury Work?	28d. Dascribe ho	w Injury occurred	
Sic	or Attending a streng date death. Director: After 3 in by the funer	ficat	2 Accident invastigation 3 Suicida 6 Could not be detarmined detarmined 28a. Place of Injury. At homa, farm, straat, factory, office 2	28f Location /Str	reet and Number	or Rural Routa Number,
Di.	efter Dire	Certification:	4 Homicide detarmined 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Spacify)	City or Town	, Stata)	or rial ar rivata realistor,
	rospital or Autoring Priystens: The lat 24 hours effer deeth. Euneral Director: After this certificate has stely filled in by the funeral director, page 2	edicai (29a. Carifliar (Check only 1☐ Certifying Physician: To the best of my knowledge, death occurred et tha tima, data and place, a 2☐ Madical Examiner: On tha best of axamination and/or investigation, in my opinion, death occurre	and due to the ca	use(s) and mann	ar as stated. d dua to tha causa(s)
1		Med	one) end mannar stetad. 29b. Signature and title of certifiar 29c. License number			Month, Day, Yaar)
	T ")		100 MIN 141614		100	4 1997
1		-	30. Nama end addrass of person who completed causa of daath (Itam 23a) (Type, Print)	V	119.01	71111
			4000 Old Court Rd Baltimere M	us 2	2120	8
	Sta Registr		31. Date filed (Month, Day, Year) APR 0 4 1997 APR 0 4 1997			

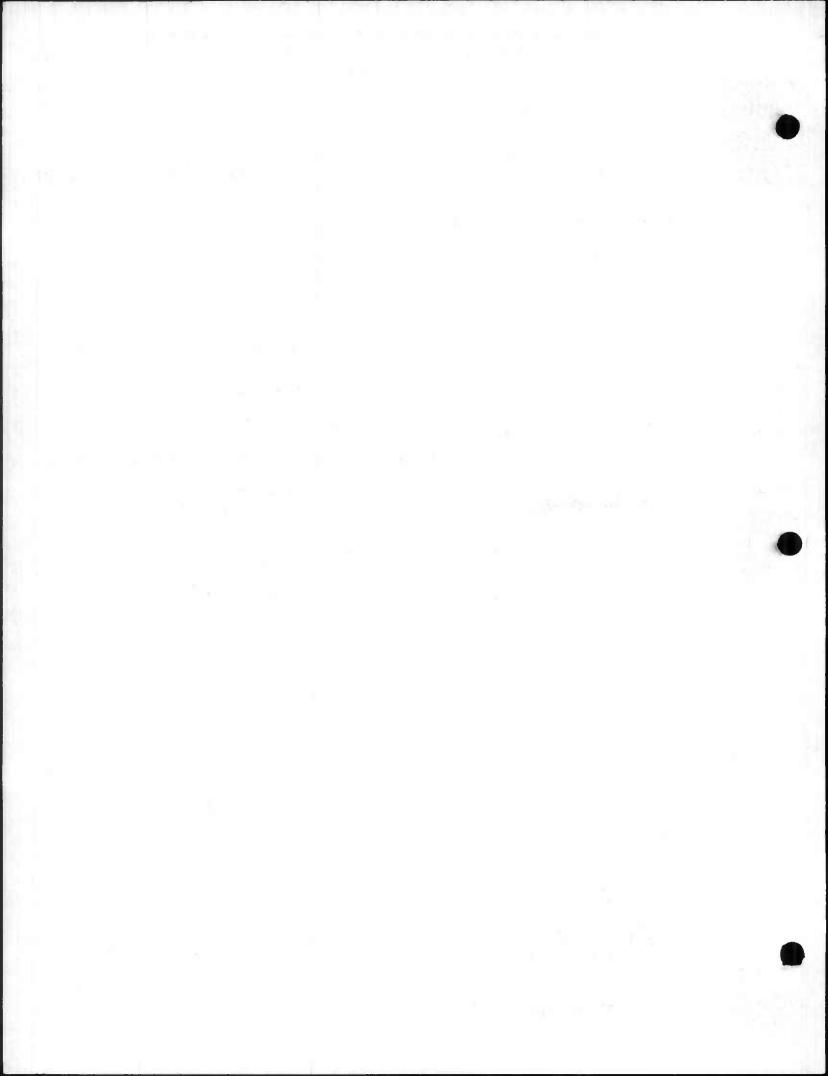


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

				Ce	rtificate of	Death		Reg. No.			
	Physic		1. Decedent's Name (First, Middle, Last) Ronald Franklin Shi	nlev		7	2. Dete of Dea Month April	Day	Year 997	3. Time of Death 1:45 PM	_
	/Medi		4e. Fecility Name (If not institution, give street and number)	9101		4b. City, Town, or L	MPI 1 4 1997				_
	Examir	ner	and the second s								
-			9203 Winding Way 5. Social Security Number 6. Sex 7. Age	/In um last histoday	If Under 1 Year	Ellicot		Howa			
н	Funeral		45714 OFF	(In yrs. last birthday) Yrs.	Months Days		(Month, De	y, Year)	9. Birthp		
	Director		Usual Residence of Decedent	3			Janaury	0, 1934		Maryland	
	and w		10a. State 10b. County	10c. City, Town or Lo	ocation				1	Od. Inside City Limits	-
	permit. Pages 1 end 2 should be filed within 72 hours efter deeth with the Maryland Department of Heelth and Mental Hyglene. Important: if itam 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.	Director	Maryland Howard	Ellicott Ci	ty					1□ Yes 2□ No	
	ih 4	吉	10e. Street end Number		10f. Zip Code			10g. Citizen of V	Vhat Cour	ntry?	
	23a	Ta .	9203 Winding Way		21	043		USA			
	ep .	Funeral	11. Marital Status 12. Was Decedent E Armed Forces?		Was Decedent of I	Hispanic Origin? (Spoan, Mexican, Puerto	ecify Yes or No-		e - Americ	en indian,	
0	or it		1 Never Merried 2 Married 1 Yes 2 No. if Yes, Give	0	1 ☐ Yes 2 ☑ 1 1 0						
21215-0020	raf.	l by	3 Widowed 4 Divorced Year or Dates:		10 100 2,00,700	эрвспу.		Specify	· Whi	rce	
2	72 h	Completed	15. Decedent's Education	16a. Dece	dent's Usuai Occu	pation	ina	16b. Kind of Bu	isiness/Inc	dustry	
2	hin .	ple	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5-4)	life.	DO NOT use retire						
7	d wil	DO.	12th	Direct	or of Main	itenance con	str.	Lord Bal	timore	e Hotel	
D	other cont	Be	17. Fether's Name (First, Middle, Last)			18. Mother's Nam	e (First, Middle,	Maiden Surnam	ie)		
a	Mental Mental arked o	ToE	Earl F. Shipley			Floren	ce Wis	ner			
Maryland	2 should be filed within and Mental Hygiene. Is marked other than aumatic event, the M		19e. informant's Name/Reletionship (Type, Print)	19b. Maili	ing Address (Stree	t and Number or Ru			Stete, Zic	Code)	
	end 2 selth a n 27 is		Katherine P. Shipley	9203 V	vindina Wav	, Ellicott	City, Mar	vland 210	43		
ē,	s 1 and 2 Health tam 27 i		20a. Method of Disposition	20b. Place of Dispo	osition (Name of		Dete	20c. Location -		own, Stete	-
timore,	Pages nent of I nnt: If Its iry or o		1 ⊠ Burial 2 □ Cremation 3 □ Removel from State		matory or other ple Memorial (1-7-97	hariotte.	ที่ไได	Maryland	
₹	ortan		4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee		2. Name and Addre	1	1-1-31	'all Tous	/IIIe,	MarAracka	_
Bai	permit. Page Department of Important: If any injury or once.		M0054	4	Slack F	uneral	Home, P	. A .			
			23a. Part 1. Enter the disease, or complications that ceused t shock, or heart feilure. List only one ceuse on each line		Ellicot	t City,	Md. 2	1043			
			23a. Part1. Enter the disease, or compfications that ceused to shock, or heart feilure. List only one ceuse on each line	he death. Do not en	ter the mode of dyi	ing, such as cerdiac	or respiratory ar	rest,		Approximate interval Between	
V	Physician		1.7	Λ	11 1					Onset and Death	
Û	/Medical Examiner		immediate Cause (Final disease or condition	1410 (1	011 6	1 mphon	12			Mm11x	
	LAGITITIE		resulting in death) a.	due to (or as a conse	quence of):) ripron	10			101111	
-	D #	Examiner	- No.	a LASIDIA	dos	10 at 112	hades K	10111		Months years	
	nd rans	am	Sequentially list conditions, if any, leading to immediate	oue to (or as a consec	quence di):	WI DIO	1016	Cetti IV.)	3	
o°	e exe		ceuse. Enter Underlying								
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	eath certificete be executed attending physicien end I for use as the burial-transit	Jed	resulting in death) Lest						i		
ŏ	endir nuse	an/M	d						-		_
m	0 0 0	Physicia	Part il. Other significant conditiona contributing to death but	not resulting in the u	inderlying ceuse gi	iven in Part I.	23b. Did t	obacco use cor	ntribute to	the ceuse of deeth?	
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ō	Phys this ral di	-	1 ☐ Yes 2 ᡚNo 1 ☐ Inpatien 27. Manner of Death 28a. Date of Injury		III SLI DUA	4 LJ Nursing no		tence 6 □Othe		(y)	_
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Division	or A Direc	Certification:	4 Homicide determined 28e. Place of Injur building, etc.	y - At home, farm, sti <i>(Specify)</i>	гөөт, тастогу, оптсе		City or Tou		er or Hura	al Route Number,	
_	part of the part o	- 1	COO Contillos 450 O.M. The Late of the Co.								
1	H H H	Medical	29a. Certifier (Check only one) 1	xamination and/or in	n occurred at the ti vestigation, in my	ime, date end place, opinion, death occur	and due to the or red at the time, or	ceuse(s) and me date and plece, (nner as st end due to	tated. o the cause(s)	
(10 4 6	Me	29b. Signature and title of confident		29c. Licen	se number	т.	29d. Date signed	d (Month	Day Year)	
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	. ^	ļ	MUNWRAD		4	2338		HOAL 4	1,19	9-1	_
	12		30. Name and address of person who completed cause of dea	ath (Item 23a) (Type,	Print	11.11	7: 5	11	121	man	_
	10		Mery Dunian &WK 1	11) ARD	1 10/3	ey flexil	JAUR &	HICOH	sty	110 2104	2
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DHMH 16 Rev 6/95



10129 State of Maryland / Department of Health and Mental Hygiene

2322 Beren Lane 21157 11. Merital Status 12. Was Decedent Ever in U.S. Armed Forces? 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) 12. Was Decedent tof Hispanic Origin? (Specify Yes or No-lif Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 Yes, Give Yeer or Detes: 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) Salesman 17. Fether's Neme (First, Middle, Last) Edward Shepherd 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number,	Ac. County of Death Carroll Year) 9. Birthplace (State or Country) New Jerse; 10d. Inside City 1 Bres Og. Citizen of Whet Country? U.S.A. 14. Race - American Indian, Black, White, etc. Specify: White 6b. Kind of Business/Industry Insurance Seiden Surmeme)
Ab. City, Town, or Location of Deeth Ab. City, Town, or Location of Deeth Ab. City, Town, or Location Ab. City, Town,	4c. County of Death Carroll Year) 1, 1916 New Jerse; 10d. Inside City 1 Hres 10g. Citizen of Whet Country? U.S.A. 14. Race - American Indian, Black, White, etc. Specify: White 6b. KInd of Business/Industry Insurance Teiden Sumame)
Funeral Director Social Security Number 135-09-7059 13M 2 F 80 97s. last birthday) 15 Under 1 Year 15 Under 24 Hrs. 8. Dete of Birth (Month, Dey. April 2) 10s. City, Town or Location 10s. State 10b. County 10c. City, Town or Location 10s. State 10b. County 10s. City, Town or Location 10s. State 10b. County 10s. City, Town or Location 10s. State 10s. County 10s. City, Town or Location 10s. State 10s. Street end Number 2322 Beren Lane 21157 11s. Merital Status 12s. Was Decedent Ever in U.S. Armed Forces? 1 Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 11s. Merital Status 15s. Decedent's Education 15s. Decedent's Usual Occupation 15s. Decedent's Usual Occupation 16s. De	Carroll 9. Birthplace (State or Country) New Jerse; 10d. Inside City 1 Hres 10g. Citizen of Whet Country? U.S.A. 14. Race - American Indian, Black, White, etc. Specify: White 6b. Kind of Business/Industry Insurance
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Usuel Residence of Decedent 10a. State 10b. County Carroll 10c. City, Town or Location Westminster 10c. Street and Number 10d. Street and Number 11d. Westminster 11d. West Decedent of Hispanic Origin? (Specify Yes or No-If Yes, Specify Cuben, Mexican, Puerto Ricen, etc.) 11d. Yes 2 No Specify: 11d. Yes 3 No Specify:	10d. Inside City 1 PTes Og. Citizen of Whet Country? U.S.A. 14. Race - American Indian, Bleck, White, etc. Specify: White 6b. Kind of Business/Industry Insurance leiden Sumeme)
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17. Fether's Name (First, Middle, Last) Edward Shepherd Lillian A. Ly 19e. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number,	
19b. Melling Address (Street end Number or Rurel Route Number,	ynn
130. Melling Address (Street and Number of Adress Number,	Ohmer Territor Ohmer We Contail
20a. Method of Disposition 20a. Method of Disposition 1 Method of Disposition 20b. Plece of Disposition (Neme of cemestary, cremetory or other place) 4 Donestion 5 Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Feoility 22. Name end Address of Feoility 23. Name end Address of Feoility 24. Eckhardt Funeral Chapel	oc. Location - City or Town, State
	21117
23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory erre-	
shock, or heart failure. List only one ceuse on each line. Physician	st, Approximete Intervel Betw Onset end De
Medical Immediate Cause /Final	
resulting In deeth) Due to (or es e consequence of):	70
Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest b. Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of):	
Ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of):	
Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tob	pacco uee contribute to the cause of
P the set of the set o	
24e. Wes en perform	
T = as a decision of the control of	1 Yes 2
1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Defision 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Defision 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Defision 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Defision 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Defision 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Defision 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Defision 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Defision 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Defision 1 Inpatient 3 DOA Other: 4 Nursing Home 5 Defision 1 Inpatient 3 DOA Other: 4 Nursing Home 5 Defision 1 Inpatient 1 Inpatient 3 DOA Other: 4 Nursing Home 5 Defision 1 Inpatient 1 Inpatient 1 Inpatient 1 Inpatient 3 DOA Other: 4 Inpatient 1 Inpatient)
25. Wes case referred to medical exeminer? 1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Persider 27. Menner of Deeth 28a Detection by	nce 6 Other (Specify)
27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation 28a. Dete of Injury 28b. Time of Injury 28c. Injury et Work? 1 Yes 2 Note of Injury 3 Note of Injury 4 Note of Injury 4 Note of Injury 5 Note of Injury 6 Note of Injury 7 Note of Injury 8 Note of Injury 9 Note of Injury 1 Note of Injury 9 Note of Injury 1 Note of Injury 9 Note of Injury 1 Note of Injury 9 Note of Injury 1 Note of Injury 9 Note of Injury 1 Note of Injury 2 Note of Injury 3 Note of Injury 3 Note of Injury 3 Note of Injury 4 Note of Injury 4 Note of Injury 4 Note of Injury 5 Note of Injury 6 Note of Injury 8 Note of Injury 8 Note of Injury 8 Note of Injury 8 Note of Injury 8 Note of Injury 8 Note of Injury 8 Note of Injury 8 Note of Injury 8 Note of Injury 8 Note of Injury 8 Note of Injury 8 Note of Injury 8 Note of Injury 8 Note of Injury 8 Note of Injury 8 Note of	w Injury occurred
27. Menner of Deeth 1	eet end Number or Rurel Route Numb Stete)
29e. Certifier (Check only cond) 29 Medical Exeminer: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data occu	use(s) end menner es steted. te end place, end due to the ceuse(s)
29b. Signeture and title of certifier 29c. License number 29	d. Dete signed (Month, Dey, Year)
	4/4/97
30. Name and address of person who completed cause of death () Art 200 (Orph, Fried IMARY CARE 912 WASHINGTON EOAD	
State Registrar 31. Deta filed (Month, Dey, Year) APR 0 4 1997 APR 0 4 1997 APR 0 4 1997 APR 0 4 1997	

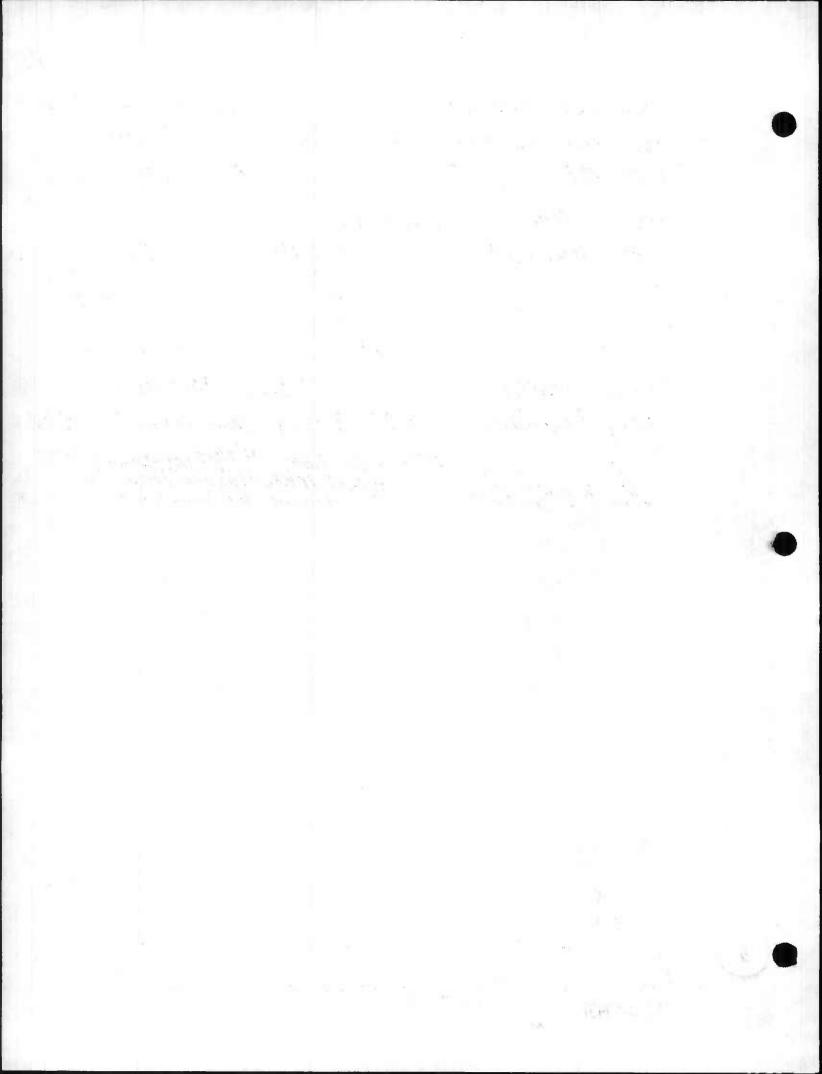
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State of Maryland / Department of Health and Mental Hygiene

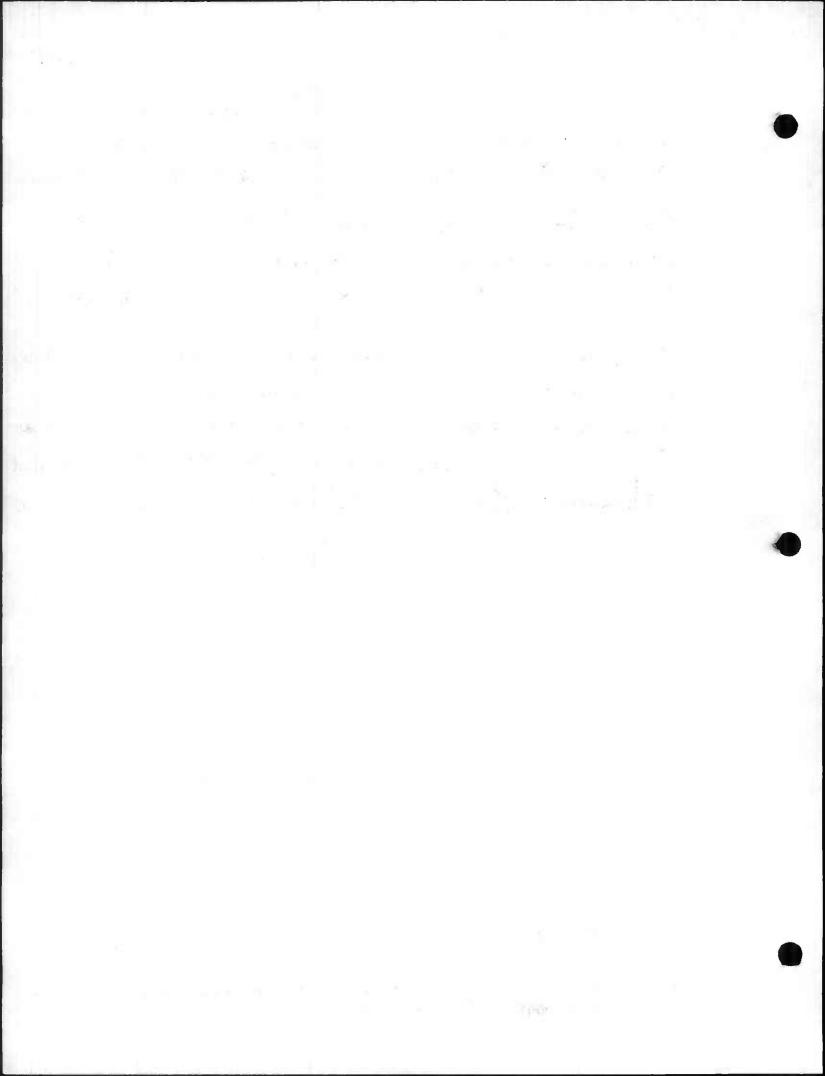
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				Certificate of	f Death	Reg	. No.	
Physicia /Medic		1. Decedent's Name (First, Middle, Last) ALDER T SM	iTH			Date of Deeth Month	Day Ye	3. Time of Death 2:15A:
Examin Funeral	er	4a. Facility Name (If not institution, give street and nu		birthday) If Under 1 Yes Months Dey		Date of Birth	4c, County of D	Birthplace (State or Forei
Director		Usual Residence of Decedent	/8/			C1. 2,	1918 1	MAYLAND
28a-f show collined at	ector	10a. State 10b. County 10e. Street and Number	10c. City, 1	own or Location		40.	Olivina di Milandi	10d. Inside City Limit
23a or	Funeral Director	4700 HARTORD 1	RD,	10f. Zip Code	1214	100	Citizen of When	Gountry 7
	by	11. Maritel Status 1 Never Married 2 Marrled 1 Never Married 2 Marrled 3 Widowed 4 Divorced 12. Was Dec Armed Fc 1 Yes If Yes, Gi Year or D	2 12/No ve	13. Was Decedent of If Yes, specify Cu	Hispenic Origin? (Specifiban, Mexicen, Puerto Rico Specify:	y Yes or No- an, etc.)		Americen Indian, Vhite, etc. BARK
ital Hygiene. d other than "naturel", event, the Medical Exc	Be Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (6e. Decedent's Usuel Occ (Give kind of work don life. DO NOT use retii	upation e during most of working red)	16	b. Kind of Busine	ess/Industry
Hygiene. other than	Con	17. Father's Neme (First, Middle, Last)		LATOVE	18. Mother's Neme (F	irst. Middle, Ma	ONS/YU	chon
la b y	To Be	DANIEL SMITH			ELGIE	WA	TKING	
health and in 27 is ma		19a. Informant's Name/Relationship (Type, Print)	,	9b. Malling Address (Street)	45279 4	WE B	127,10	0,21274
Department of Health and Men Important: If Item 27 is marke eny injury or other traumatic		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from 4 ☐ Donation5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses	come	of Disposition (Name of etery, cremetory or other p.	Com. 4/	7/9/7]	NS DOWN DOWN DOWN DOWN DOWN DOWN DOWN DOWN	INS MP,
		23a. Par Lemey the diseese, or complications that completely one cause on a	ceused the deeth. [Do not enter the mode of d	1251211110 ylng, such es cardiac or r	espiretory erres	DAL1	Approximate Interval Between
nysician Medical kaminer		Immediate Cause (Finel disease or condition resulting in deeth) a	CARDIA		Amia			Onset end Deeth
1sit	Examiner	b. A	ATTINO S	clatic V	Atular	De sousi	2	416
physician and s the burial-transit	Exar	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury	Due to (or as	a consequence of):				1
ding se s	/Medic	thet initieted events resulting in death) Last	Due to (or es	e consequence of):				
5 -	Physician	Part II. Other significant conditions contributing to de	eath but not resultin	g in the underlying cause (given in Pert I.	23b. Did tobe	ecco uee contrit	oute to the cause of de
signed by the atted be deteched for	by Phy	COPD				1 Yes	2□ No 3[Probably 4 Unkr
been sign	Completed b	Schizo planowi				24a. Was an performe		4b. Were autopsy finding aveilable prior to completion of ceuse of deeth?
cate has		·				1 ☐ Yes	2000	1 ☐ Yes 2 ☐ No
0.2	To Be	25. Was cese referred to medicel examiner? 1 Yes 22 No Hospital: 1	Inpatient 2 ER	/Outpatient 3□ DOA	26. Plece of Death (Cother: Nursing Home		ce 6 DOther /	Specify)
of After this stuneral d	Certification: T	27. Manner of Death 1 Shatural 2 Pending 2 Accident 28e. Date (Mon		b. Time of 28c. Inj Injury W			Injury occurred	
286	Ĕ	3 Suicide 6 Could not be determined 28e. Place buildi	of Injury - At home ng, etc. (Specify)	, farm, street, factory, office		City or Town,	State)	r Rural Route Number,
						I due to the equ	ea(s) and manne	- an etatad
24 hou Furner etely fil		29a. Certifier (Check only (Ch	best of my knowled asis of examination ner stated.	dge, death occurred at the and/or investigation, in my	time, date and place, and opinion, death occurred	at the time, date	and place, and	due to the cause(s)
in 24 hou he Furner pletely fill	ledical	29a. Certifier (Check only (Ch	asis of examination	and/or Investigation, in my	r opinion, death occurred	at the time, date	and place, and Date signed (N	due to the cause(s) fonth, Day, Year)
hin 24 hou the Funer npletely fill	Medicai	29a. Certifier (Check only onle) 12 Certifying Physicien: To the beand man	asis of examination ner stated.	and/or Investigation, in my	opinion, death occurred	at the time, date	and place, and	due to the cause(s) fonth, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 / 0 / 3 /

				(Certificate of	Death	Я	eg. No.		0101
Т	Physic	an	Decedent's Name (First, Middle, Last)				2. Dete of Deet Month	h Dey	Yeer	3. Time of Deeth
	/Medi		WILLIAM SIMS				MARCH	31,199	97	19:29 PM
Å.	Exami	ner	4e. Fecility Neme (If not institution, give street end number)	T		4b. City, Town, or L		4c. County	of Deeth	
-			MARYLAND GENERAL HOSP 5. Social Security Number 6. Sex 7. Age	L'TAL (In yrs. lest birtho	day) If Under 1 Yea	BALTIMO:		N	IA	
ı	Funeral Director		249-70-940 1 1MM 2 F Usuel Residence of Decedent	52 Yr	Months Dev		April I	1944	Sound Sound	1 1.
	nylenc		10e. Stete 10b. County	10c. City, Town o	or Location				10	Od. Inside City Limits
	Ba-1s	Director	Md. NA	Bal	timore	2				1 Yes 2 □ No
	or 2	Dire	10e. Street end Number		10f. Zip Code		1	0g. Citizen of V	Whet Count	try?
	23a	eral	1615 N. tutaw Place	2		1217		U.	5.A	•
21215-0020	iges 1 end 2 should be filed within 72 hours after death with the Maryland it of Heelih end Mental Hygiene. If Itsm 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, Its Mudical Examinat must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorcad 12. Was Decedent E Armed Forces? 1 Yes, 2 N If Yes, Give Yeer or Dates:	verin U,S.	13. Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 No.		ecity Yes or No- Rican, etc.)		e - America ck, White, e	
5-0	72 ho netur	Completed	15. Decedent's Education (Specify only highest grede completed)	16e. D	ecedent's Usuel Occi	upetion e during most of work	cina	16b. Kind of Bu	usiness/Ind	ustry
121	vithin han	mpi	Elementary/Secondary (0-12) College (1-4or 5-	·) 'li	Give kind of work don- ife. DO NOT use retir)ı ·		N -1 14
	filed wil Hygien other the	ပိ	17. Father's Neme (First, Middle, Last)		t look n	18. Mother's Nam				Shite House
Maryland	should be and Mental I marked of umatic eve	o Be	Ta assa Sinas			-				
ary	shoul end Me is mark	1º	19e. Informent's Neme/Reletionship (Type, Print)	19b. A	Mailing Address (Stree	at end Number or Rui	F LUD	City of Town	State Zin	Code
Σ	1 and 2 Health e Ism 27 is		Rose Sims (siste		6 N. M					ryland 2122
Baltimore,	permit. Pages 1 end Depertment of Heelth Important: If Itsm 27 any Injury or other tr ance.		20e. Method of Disposition	20b. Plece of D	isposition (Neme of cremetory or other pl		Dete	20c. Location -	City or To	wn, State
Ĕ	E E E		1 Burial 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify)	Mt.	0	metery !	4-7-91	Lansa	low	e Moule
alt	pemit. Pa Depertmer Important: any Injury		21. Signature of Funerel Service Licansee		22. Neme end Add	ess of Fecility		-111	1000	21.0001100
Ш	20599		1 la lon		2026by 11	Fulton F	ho nue	Rail: ~	nec W	bey and 2121
			23a. Pert1. Enter the disease, or complications that caused shock, or heart feilure. List only one cause on each line	he death. Do not	enter the mode of dy	ing, such es cardiac	or respiretory erre	est,	-	Approximete Interval Between
	Physician									Onset end Death
	/Medical Examiner		Immediate Causa (Final disease or condition resulting in death)	ogenia	2 lur	Cinoma				
		er	C C	lue to (or es e cor	nsequence of):				1	
	d d ansit	Examiner	b.	Oue to (or es e cor	1					
ó	exec an an rial-tr		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	de to (or as a cor	isequenca or):					
68760,	rificata be executed ng physician and as the burial-transit	Medical		ue to (or es e con	nsequence of):					
39 x	5 0 8								į	
Box	eth c	Physician/	d						1	
P.O.	the de	yslo	Part II. Other significant conditions contributing to death but	not resulting in th	ne underlying cause g	iven in Pert I.	23b. Did to	bacco use cor	ntribute to	the cause of death?
σ.	that the by detail	y Ph	Preumonia				1 □ Ye	99 2□ No	3 Prob	ably 4 Unknown
Division of Vital Records,	The law requiras that the deeth ce ate has been signed by the ettendi paga 2 should be detached for uss	Completed by					24e. Wes er perform		con	re eutopsy findings illable prior to npletion of cause leeth?
ž	The law ste has paga 2	E					1 ⊊ Ye	s 2 No	152	Yes 2□ No
/ita	ysician: The la is certificate ha director, paga	Be (25. Wes case referred to medical exeminer?			28. Plece of Deet	h (Check only on	э)		
7	Physic this ce	2	1 Ves 2 No Hospitel: 1 Inpatien	t 2FER/Outpe	etient 3 DOA	ther: 4 Nursing Ho	ome 5 Reside	nca 6 □Oth	er (Specify)
Ľ.	or Attanding Physician: after death. Director: After this certification by the funeral director.	on:	27. Manner of Deeth 1 ☑Naturel 28e. Dete of Injury (Month, Dey)	Year) 28b. Tim	iry Wi		28d. Describe ho	w Injury occurr	ed	
Sic	death death tor: /	icat	2 Accident Investigation 3 Suicide 6 Could not be			Yes 2 No				
<u>></u>	or Attancatter deat Director:	Certification:	4 Homicide determined 289. Pleca of Injur	y - At home, ferm (Specify)	, street, factory, offica		28f. Location (Sti City or Town	reet end Numb , State)	er or Hural	Houte Number,
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	edical C	29a. Certifier (Check only one) 1 Certifying Phyeicien: To the best of Medical Examiner: On the basis of each manner state.	xeminetion end/o	eeth occurred et the t	ime, date end place, opinion, deeth occur	end due to the ce	use(s) end me ete end pleca, e	nner es ste	eted. the cause(s)
	o the	Mec	29b. Signeture end title of certifier	iu.	29c. Licen	se number	25	d. Date signed	d (Month. F	Dey, Year)
\	► \$ ⊢ ö		1904		OC					
7	7		30. Name and address of person who completed cause of det	eth (Item 23e) (Tu			F	APRIL	1,19	7 /
	Of		David R Powler			root D-	143			1 01000
	Sta	te	31. Dete filed (Month, Dey, Yeer) 32. Registre	s Signature	Penn St	reet, Ba	rtimore	e, Mar	yıan	a 21201
	Registr	ar	APR 0 4 1997	" O DOUNGED	Marian					



State of Maryland / Department of Health and Mental Hygiene

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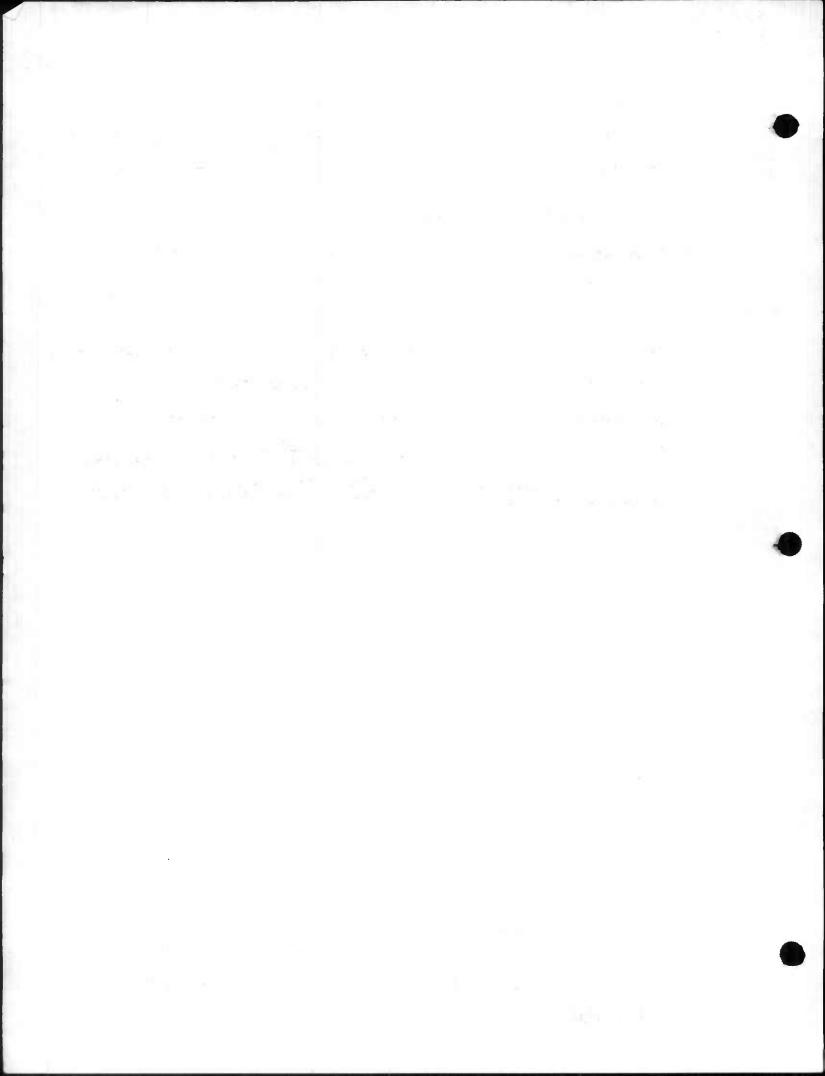
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death
	Pi / E:
on of Vital Records, P.O. Box 68760,	ing Physician: The law requires that the death certificate be axecuted

	ı	ten	is: 23 part 1,27			4/16/	9/ re	5D (Cen	tificate	e of	Death			Reg. No.		
	Physic	ian	1. Decedant's Nama (Fil HAROLD		SHORT	וד יו	D							2. Data of D	eath Day	Yaar	3. Tima of Death
	/Medi													MARCI	H 31.	1997	8:00AM
7	Examir	ner	4a. Facility Nama (If not HANCOCK	institution, giv	a street and no K STOI	um <i>ber)</i> D						4b. City, To		ocation of Dea	th 4c. Cour	ty of Death SHIN	1
	Funeral Director		5. Social Security Number 280 – 30 – 2033		Sax M☐M 2☐F		a (In yrs. 59		rday) 'rs.	If Undar Months	1 Yaar Days		24 Hrs. Min.	8. Data of Bi (Month, D 08/08/	rth 1937	9. Birth	placa (Stata or Foraigi intry)
	De .		Usual Residence of Dec														
	anylar ahow	_		. County				y, Town	or Loc	ation							10d. Insida City Limits
	Ba-f	cto		Frankl.	ın		dO	etz									1 ☐ Yas 2 ☒ No
	death with the Maryland ms 23a or 28a-f show r man be norified at	Director	10e. Street and Number							10f. Zip					10g. Citizan o	f What Cou	intry?
	ath w	<u>ra</u>	2268 Mauree:	n Blvd						4	320	7			U.S.	Α.	
0700	s 1 and 2 should be filed within 72 hours after dea if Health and Mental Hygiene. Item 27 is marked other than "natural", or items other traumatic event, the Medical Examiner in	by Funeral	11. Marital Status 1 □ Navar Married 3 □ Widowad 4 ☒1		12. Was Dad Armed F 1 Yas If Yas, G Yaar or I	2X◯N iva	Ever in U, Io	S.		as Deced Yas, spec □ Yas 2				ecity Yas or N Rican, atc.)	o- 14. Ra Bi	ack, Whita	ican Indian, , atc. nite
ş	tura Fall			Dacedant's Ed		Dalas.		160 F	Jecodo	nt'e Heur	1 Occur	nation			10h Vind of	D. colon on A	-4
-017	in 72	Completed	(Specify on	nly highast gra	ida complated,			10a. L	Giva ki life. Di	ind of won	k dona	pation during mos d)	at of work	ing	16b. Kind of	Business/ii	idustry
7	with iene.	mo	Elamantary/Secondary	y (0-12)	College	(1-4or 5-	+)			Dri					Trans	porta	ation
מוומי	Hyg other	BeC	17. Fathar's Name (First,	Middla, Last)								18. Moth	ar's Nam	a (First, Middle	, Maidan Suma	ima)	
U	Menta Ked Ked	ToB	Harold Sho	rt, Sr	•									Blake			
2	2 should be filed within and Mental Hygiene. is marked other than reumatic event, the Me	-	19e. Informant's Name/F	Ralationship (Type, Print)			19b. I	Maiting	Addrass	(Street	t and Numb	er or Rur	a/ Routa Numb	er, City or Tow	n. Stata. Zi	p Coda)
Ξ	alth a		Cindy Munc	y-Daugl	nter									etz, OH			
ט ב	othe		20a. Mathod of Disposition				20b. P	taca of E	Disposi	ition (Nam	a of	ica) Gard	3	Data	20c. Location	- City or T	own, Stata
	Page ent c ht: If ry or		1 ☑ Burial 2 ☐ Cra 4 ☐ Donation 5 ☐ 0			Stata	1 -					orial		14/04/9	7 Barbo	ureni	ille, WV.
	permit. Pages 1 and 2 Department of Health a important: If item 27 is any injury or other trai		21. Signature of Funaral				1111										ille,
ă	Depariment on in poor		> KD-00	, ,	4/1		_		736	Edmo	g A	snton son A	Tune	eral Ho Baltimo	me, Inc	212	228
	_		23a, Part1, Enter the dis	saasa or com	niications that	causad	the death										
	Physician	8 1	23a. Part1. Entar tha dis shock, or haart failu	ura. List onty	ona causa on	aach lin	a.	. 50110	λ αιται	tra mode	a or dyi	ing, such as	Cardiac	or raspiratory a	irrast,	1	Approximata Intarval Batween Onset and Death
	/Medicai		tmmediata Cause (Final		HADED	FENCT	VE AT	HEDV	כרו ב	DOTIC	CAD	DIOVACO	חא וווי	DICEACE			
	Examiner		disaasa or condition rasulting in daath)		a.					-	UAK	DIOVASC	JULAK	DISEASE			
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	cuted	Examiner	Sequentially list condition	ns C	b		Dua to (or	asaco	nsegu	anca of):							
Š	an ar an ar irial-t		Sequantially list condition if any, leading to immadi- cause. Entar Undarlying Ceusa (Disaase or Injury	ata					, rooqui								
	nta be nysici	icai	Ceusa (Disaase or Injury Thet initiated avents rasulting in daath) Last	5	C	D	ua to (or	as a co	nsequa	ance of):						-	
5	certificata be axecuted iding physician and ise as the burial-transit	VMedicai	rasulting in daath) cast	- 1			,-									į	
		an			d				_							<u> </u>	
	dea he att	sici	Part tt. Other significant	conditions co	ontributing to d	eath but	t not rasu	ilting in t	ha und	derlying ca	usa gh	van in Part I		23b. Did	tobacco use c	ontribute t	to the cause of death?
	at the I by ti stach	Phy									6.7			10	Yes 2□ No	3 ☐ Pro	bably 4 Unknow
ົ	gnec gnec be de																
3	equir s nec	ted												24a. Was	an autopsy	24b. W	ara autopsy findings
	aw n as be 2 sh	pie												, po		CC	ompletion of causa daath?
	The ate his page	Š												1,2	Yas 2□ No	1.	⊠Yas 2□ No
	lan: rtifica ctor,	0	25. Was casa referred to	medical								26. Place	of Deetl	(Check only	ona)		
	Z isi	2	examiner? XXYes 2□ No		Hospital: 1	Inpatien	ıt 2□I	ER/Outp	atient	3 DO	A Oth	ner: 4 🗆 Nu	irsing Ho	ma 5□Rasi	danca XXO	thar (Speci	W ROADWAY
	ng Pt fter tt mara	:uc	27. Mannar of Death Naturel 5	Pending	28e. Data (Mon	of Injury	Year)	28b. Tin Inju		28	c. Inju				how Injury occu		
	ending Physician: The is eath. or: After this cartificate ha tha funaral director, page cation: To Be Com	2 Accident	investigation				,		М		Yas 2□	No					
	r Att	ij	3 ☐ Suicida 6 ☐ 4 ☐ Homicida	Coutd not be datarminad	28a. Place	of Injui	y - At ho (Spacify	ma, farm	n, straa	it, factory.	office			28f. Location (City or To		ber or Run	al Route Number,
1	Ital o	Ç				3,		'							, 51214,		
	Hosp 4 hou Fune ely fil	edical	CHOCK OTHY X2 X N	Cartifying Phy Madical Exam	sician: To tha	best of	my knov	vladga, o	deeth o	stigation	t the tir	ma, dete an	d place,	and due to the	ceusa(s) and n date and ptace	nanner as s	itatad.
	the hin 2 the f	Med			and man	ner stat	ed.							ad at tira tima,			
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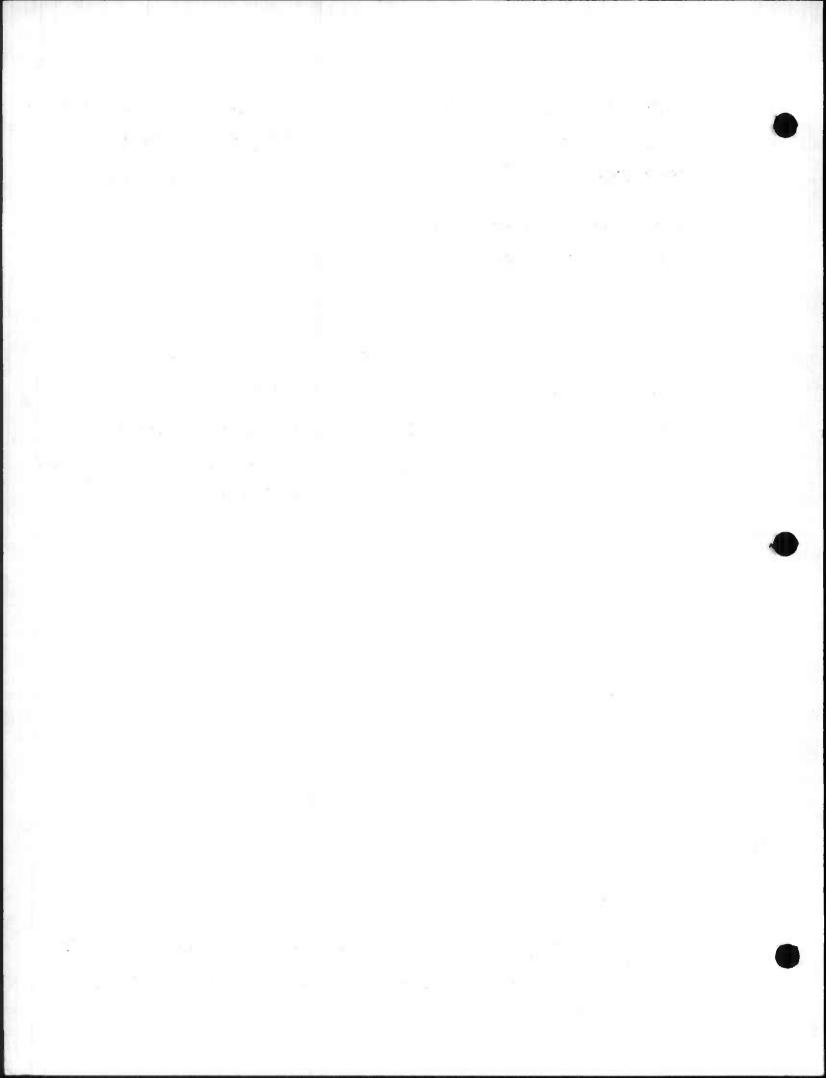
State Registrar

31. Data filad (Month, Day, Yaar) APR 0 4 1997





			ITEM: 7,per FH G-746	4-10-97 eoh	Certific	cate of	Death	F	leg. No.		101	00
	SIP O	91	1. Decedant's Nama (First, Middla, Las	<i>t</i>)				2. Data of Das	th	v	3. Tima	of Death
	Physici /Medic		Matilda A	. slicher				Month	28 1°	Yaar	4:3	ms c
	Examir		4a. Facility Nama (If not institution, giva	streat and numbar)		4		Locetion of Death	4c. County			111
			Charlostonn	Care con	fur		Catons	v:14	m Ch	1tim	wr.	
	Funeral Director		5. Social Sacurity Number 6. Se 215-05-2756 Usual Rasidanca of Dacedant	7. Aga (In yrs	s. last birthday) If U Mon Yrs.	ndar 1 Yaar ths Days	If Under 24 Hrs Hours Min					or Foreign
	puel Mo		10a. Stata 10b. County	10c. C	City, Town or Location					10	0d. Insida (City Limits
	Meny Hah	0	Maryland Baltimore	Country	atonsville						1 □ Ya	s 2 No
	r 28s	Director	10e. Street and Number	: county Ca		. Zip Coda			0g. Citizan of V	What Coun	try?	
	h with		701 Maiden Choice	Lane		21	L228		US	SA		
	items in mer me	Funerai	11. Marital Status	12. Was Dacedant Evar in Armed Forcas?	U,S. 13. Was D	acedant of H	dispanic Origin? (S	Specify Yas or No- to Rican, atc.)	14. Rac	e - Amaric		
Maryland 21215-0020	0 5 6	þ	1 ☐ Navar Married 2 ☐ Marriad 3 🕅 Widowed 4 ☐ Divorced	1 Yas 2 No If Yas, Giva Yaar or Datas:		as 2X No		to riloan, atc.)	Specify	ck, Whita, i v: Wh	ite	
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21	2 2 5 2	npie	Elamantary/Sacondary (0-12)	Collega (1-4or 5+)	iifa. DO NO	OT usa ratired	during most of wo d)	ii Kii Ig				
121	D 0 5	Con	10 yrs 17. Fathar's Nama (First, Middla, Last)		Homemak	ing			Own Re		nce	
and	S de la se	Be		***				ma (First, Middla,				
K	should be nd Mentel marked o	To	William Augustus				Augus		ephina		aid	
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	ges 1 and it of Health If item 27 or other tr		John L. Slicher 20a. Mathod of Disposition	(Son)	Placa of Disposition	(Nama of		sadena, M	laryland	211:	22 wn Stata	
noi	00		1 ☑ Burial 2 ☐ Cramation 3 ☐ F		cematary, cramatory	or other place		127				
Baltimore,	- 는무를		21. Signature of Funeral Service License	Ne	ew Cathedr	al Cem	netery	4/1/97	Baltimo	ore,	Maryl	and
m	Depa Impo any Ic		NAT NY	/	351.	1 77 -	71 1 0 1	d Home				
			Martin D. Law 23a. Part 1. Enter the disease, or comp shock, or heart failure. List only of	Son	ath Do not enter the	York	Road, Ba	altimore,	Maryla	and 2	1212 Approxima	ete
	Physician	0	shock, or haart failura. List only o	ne cause on each line.				o or raspiratory arr			Intarval Bo	atween
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68760,	ate b hysic the b	edical	that initiated events rasulting in daath) Last	Dua to ((or as a consequance	of):				!		
		5	L	d								
Вох	death c e ettend ed for us	ian										
P.O.	the de	Physician/	Part II. Other significant conditions con	ntributing to death but not ra	sulting in the underlyi	ing ceusa giv	an in Part I.		obacco use co			-
	es that the death cer igned by the ettendir be deteched for use							1 🗆 1	es 2 No	3 Prob	ably 40	& Unknown
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-	a con direc	To B	axaminar? 1 ☐ Yas 2 No	Hospitai: 1 ☐ Inpatiant 2 ☐	☐ ER/Outpatient 3☐	DOA Oth	100	Homa 5 ☐ Rasid		ar (Spacifi	()	
0	E		27. Mannar of Death	28a. Data of Injury (Month, Dey Year)	28b. Tima of	28c. Injur		28d. Dascribe h			/	
5/	No. of the last	atio	1 Natural 5 ☐ Panding 2 ☐ Accident Investigation	(World, Day Teal)	Injury M		Yes 2 □ No					
Nis.	Dig	Certification:	3 ☐ Sulcida 6 ☐ Could not be 4 ☐ Hornicida determined	28a. Place of Injury - At I building, atc. (Spec	homa, farm, straat, fa	ctory, office		28f. Location (S City or Tow		er or Rura	Route Nu	m <i>ber</i> ,
	To the Hospital within 24 hours a To the Funeral completely filled		29a. Certifiar 15 Certifying Phy	read at the tim	no data and alone	and due to the e	euse/s) and me		atad .			
	Hos 124 h Fun letely	edical		sician: To the best of my kn iner: On the basis of examin and manner stated.	ation and/or investige	etlon, in my o	pinion, death occi	urred at tha tima, o	ata and piece,	and dua to	tha cause	(s)
	To the Hospital Within 24 hours To the Funeral completely filled	Me	29b. Signatura and title of certifiar	1 ,00	\	29c. Licans	a number	2	9d. Data signe	d (Month, I	Day, Year)	
	4		1/7	1	'	04-	7447		March	30	127)	
	(1)		30 Nama and address of person who co	ompleted ceusa of death (Its	am 23a) (Type, Print)			glarsv.	11			
	0		Andre (a 21 13	716 Mai.	du choi	u la	one C	glarsu.	10 1	May (N	
	Sta Registra		31. Data filed (Month, Day, Yeer) APR () 4 1997	Begister's Sign	natural Pandell					,		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 / 0 / 3 4

						Cert	ificate of	Death		Reg. No.		
ı	Dhusis		1. Decadant's Nama (First, Middle, La		- ^^	20			2. Data of Da Month		Van	3. Tima of Death
J	Physic /Medi		JOSEPH HE	enry	SM	KK			APRIL		Yaar 1997	0030
	Exami		4a. Facility Nama (If not institution, given					4b. City, Town, o	r Location of Daal			
L	14.16	м	Carroll Count	_		_			inster	Carr	011	
	Funeral Director			ATOTAL OF E	a (In yrs. last 86	birthday) Yrs.	If Undar 1 Yaar Months Days			31, 19	Coun	placa (Stata or Foreign ptry) aryland
	yland		10a. Stata 10b. County		10c. City, To		ation				1	Od. Inside City Limits
	e Ma	ctor	Maryland Baltin	nore	Arbu	tus						1 ☐ Yas 2 ☐ No
	ith with the Maryland 23a or 28a-f show ust be notified at	ral Director	10e. Straat and Number 1021 Elm Ridge	Avenue			10f. Zip Coda 2122	7		10g. Citizan of United		*
Maryland 21215-0020	72 hours efter death with the Maryland "natural", or items 23a or 28a-f show dical Examiner must be nutified at	d by Funeral	11. Marital Status 1 □ Navar Married 2 □ Marriad 3 □ Widowed 4 □ Divorcad	12. Was Dacadant E Armad Forcas? 1 ☐ Yas 2 ☐ N If Yas, Giva Yaar or Datas:			as Dacadant of I Yas, specify Cub ☐ Yas 2☐MNo		Spacify Yas or No irto Rican, atc.)	14. Rai Bia Specit	ce - Amaric ick, Whita, 'y' Whi	alc.
15-0	72	Completed	15. Dacadant's E (Specify only highest gr	ducation ade completed)	16	Ba. Dacada (Give kı	nt's Usuai Occup ind of work done	pation during most of w d)	orking	16b. Kind of B	usinass/Ind	dustry
121	within liene. r than "r	шр	Eiamantary/Sacondary (0-12)	Collaga (1-4or 5						hwarra		
d 2	tygilled nt. 1	ပိ	17. Fathar's Nama (First, Middle, Last)	It	aint	enence	super	V1SOL ama (First, Middle	brewe	4	-
lan	ed ala	To Be	Henry Sparr	•				Emma	21114 (1 1131, 14110010	, marden camar	110)	
ary	d 2 should be the and Mental if I smarked of traumetic events	-	19a. informant's Name/Ralationship (Type, Print)	1	9b. Mailing	Addrass (Street		Rural Route Numb	er. City or Town	. State. Zic	(Code)
	alth a		Rodney Sparr,	son								MD 21043
ore			20a. Mathod of Disposition		20b. Placa	of Disposi	tion (Name of atory or other pla	ce)	Data	20c. Location	- City or To	own, Stata
im	Peges nent of h ant: If ite	0	1 ☑Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specif						4/4/97	Balti	more	,Marylan
Baltimore,	permit. Pege: Department o Important: If i any Injury or once.		21. Signature of Funeral Service Licer	In hon		22. Am	Nama and Addra	ss of Facility Funera	l Home, pring R	Inc.	Ar	butus
			23a. Part1. Entar tha disaasa, or com shock, or haart failura. List only	plications that caused	the daath. D	o not antar	tha moda of dyi	ng, such as cerdi	ac or raspiratory a	irrast,		Approximata Intarval Batwaan
S.	Physician				u.						1	Onsal and Daath
a	/Medical Examiner		Immediata Causa (Final disaasa or condition rasulting In daath)	CONGE	STIVE	E H	BART	FAIL	URE		1	+ DAYS
В		<u>.</u>	rasuming in daamy		Dua to (or as	a consequ	anca of):				1	
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60,	rifficete be executed ng physician and s as the burial-transit	al Examiner	Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury	C	Oua to (or as	a consequa	anca of):					
ox 68760,	certif iding	/Medical	that Initiated avants rasulting in death) Last	d	Dua to (or as	a consaque	anca of):					
Box	es that the death ce igned by the attendii be deteched for use	Physician/	Death Other death						1			
P.O.	the c	hys	Part II. Other significant conditions of	ontributing to death bu	t not resulting	in tha und	arlying causa giv	an in Part I.				the cause of death?
ώ.	s that	by P							. 142	Yes 2□ No	3 Prob	bably 4 Unknown
Records,	aw requir ss been s 2 should	Completed I								an autopsy ormed?	cor	ara autopsy findings ailabia prior to mplation of causa daath?
		Con							10	Yas 200 No	1[Yas 2 No
/ita	certificate	Be	25. Was casa rafarrad to madical axaminar?					26. Piaca of Da	ath (Check only	one)		
5	physic this co	2	1 ☐ Yas 2 ☐ No	Hospitai:		Outpatient	3□ DOA Oth	ar: 4 Nursing	Homa 5 ☐ Rasi	dance 6 □Oth	ar (Specify	y)
Division of Vital	To the Mospital or Attending Physician: To the Funeral Officetor: After this certific comparely filed in by the funeral director.	Certification:	27. Manner of Death 1 Matural 5 Panding 2 Accidant invastigation		Year) 28b	. Tima of Injury	28c. Injur Wor M 1 □	yat k? Yas 2 □ No	28d. Dascribe	how injury occur	red	
Σ	5 4 5 5	Certifi	3 ☐ Suicida 6 ☐ Could not be datarmined	28a. Place of Injurbuilding, atc.		farm, straa	t, factory, office		28f. Location (City or To	Street and Numb wn, State)	er or Rura	I Route Number,
	To the Hospital within 24 hours of To the Funeral I completely filled	edical	29a. Cartifiar (Check only one) 1	yafcian: To tha bast of afnar: On tha basis of a and mannar stat	axamination a	ga, daath o ind/or invas	ccurrad at tha tir stigation, in my o	na, data and plac pinion, daath occ	a, and dua to tha urred at tha tima,	causa(s) and ma data and place,	innar as st and dua to	ated. tha cause(s)
	5 1 5 0 V	2	29b. Signature and titla of certifier		TENDIA		29c. Licans			29d. Data signe	d (Month, I	Day, Year)
	le 1		Photose	who p	HYSICI	AU	DZ	1122		4/1/	197	7
IA)8		30. Name and address of person who a	MD 904	hus	(Type, Pr	Int)	WEST	WETE	g MI	2	1157
	Sta Registr	1000	APR 0 4 1997	32 Magistrar	's Signature	M.						

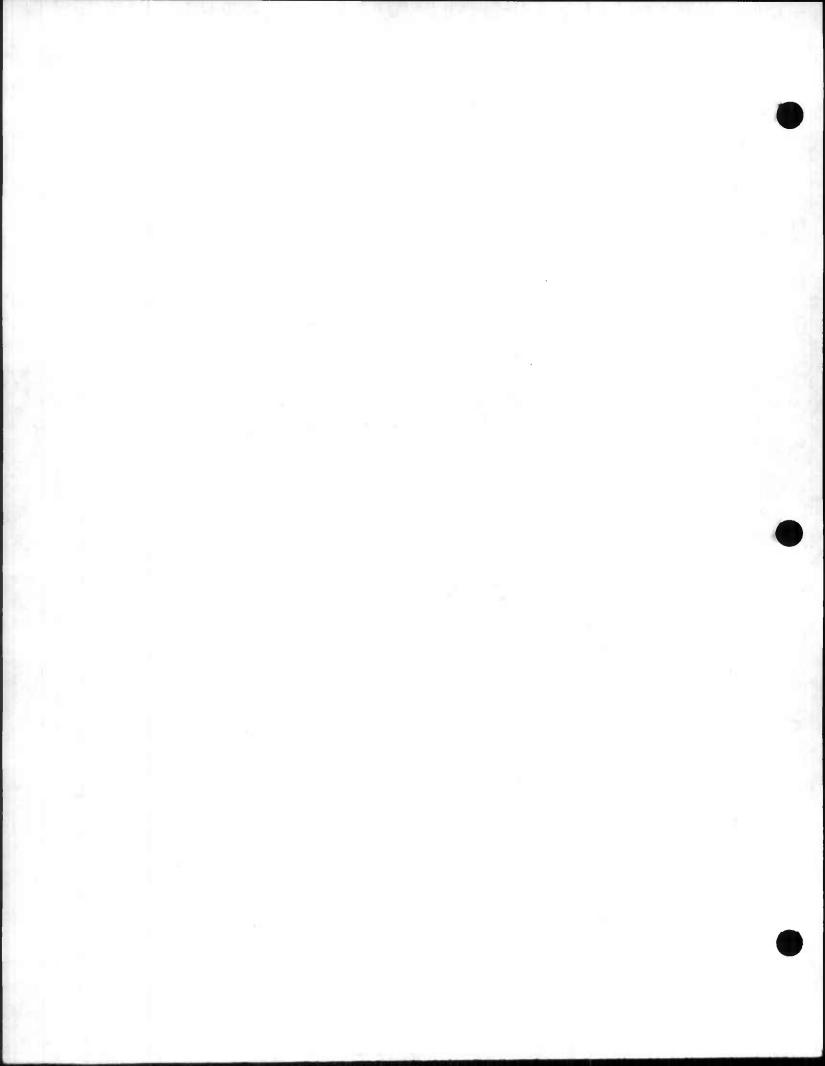
II III Later Article

CERTIFICATE #

97 10135

SEE

CERTIFICATE M



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					Certific	cate of	Death	F	Reg. No.		
Division		1. Decedent's Neme (First, Middle, Les	st)					2. Dete of Dee	eth	3. Year	Time of Death
Physic /Med		Harlan V. Sou	thwick S	R.				April	2 199		3:15 am
Exam		4e. Fecility Neme (If not institution, give	e street end number)				4b. City, Town, or	Location of Deeth	4c. County of	Deeth	
		1512 Brehms	Lane				Essex		Bal ⁴	timore	
Funera Directo		5. Social Security Number 6. S 068-16-4717 Usuel Residence of Decedant	ex 7. Age	(In yrs. lest bi		Inder 1 Year onths Deys		(Month, Day	7, Year) 23,1923	Birthplece (Country) New Yo	State or Foreign
yland		10e. Stete 10b. County		10c. City, Tow	n or Location	1				10d. In	side City Limits
the Marylan 28a-f show	ector	Md. Baltin	more			Ess	ex			1[□Yes 3€ No
th with	Funeral Director	1512 Brehms Lar	ne		10	f. Zip Code	21221		10g. Citizen of Wr USA	et Country?	
20 aftar or Its	by	11. Maritel Stetus 1 ☐ Never Merrled 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorcad	12. Wes Decedent I Armed Forces? 1 Types 2 ☐ N If Yes, Give Year or Dates:	1.111			Hispenic Origin? (Spen, Mexican, Puer Specify:	Specify Yes or No- to Rican, atc.)	14. Raca Bleck, Specify:	American Inc White, etc. White	
15-00 72 hours "natural".	eted	15. Decedant's Ed (Specify only highest gre	lucation	16e	Decedent's	Usuel Occu	pation	deina	16b. Kind of Bus	nass/industry	
7 5 5	Completed	Elamantary/Secondary (0-12)	College (1-4or 5	+)			during most of wo	iking	Balto. (Co. Par	rks
212 ad with rglene.	ő		1yr		Field	Main	tance				
Du il il il il il il il il il il il il il	Be	17. Fether's Name (First, Middle, Last)					18. Mother's Na	me (First, Middle,	Maidan Sumeme,		
yla buld I Man arke	2	Lee Byron Sou	uthwick				E	va Bell	Watkin	5	
lar and is m		19e. Informent's Name/Reletionship (7		198	. Meiling Ad	dress (Stree	t and Number or R)
and and asith m 27		Ethel Southwick	/wife				s Lane E	Baltimore	Md. 212	221	
Baltimore, Maryland 21, permit. Pages 1 and 2 should be filled with Department of health and Manta bygiene Important: if item 27 is marked other the Important; other traumatic event, Italians on the contract of the permits of the p		20e. Method of Disposition 1X Burial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specify		camete	f Disposition ry, cremator)	or other ple		Deta 1/7/97	20c. Location - C		tete
Baltimo		21. Signeture of Funerel Servica Licen	10	11	22. Nan	ne and Addr	ess of Fecility	Home of	Essex		
		23a. Pel 11. Enter the disease, or company shock, or heart failure.	dications that caused	the death. Do	300	Mace	Ave Bal	timore M	ld. 21221	Annr	oximete
Dhusisian	П	shock, or heart failure.	one cause on each lin	0.	0.1101 1.10		arg, coon co canala	o or roopmatory an	.001,	Inter	vel Between
Physician /Medical	ı	Immediate Cause (Finel disease or condition	· metas	tatie	Drus	tatie	CUMARI			2	leat
Examiner	L	resulting In deeth)		Due to (or es e			COLITICO				years
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50, se exe	E	Sequentielly list conditions, if eny, leeding to immediate causa. Entar Underlying Ceusa (Disease or injury									
68760, ficata be expression physician is the burie	Medicai	thet initieted events resulting in daeth) Last	C	Due to (or es e	consequence	of):					
\$ 0 m	Me										
Box leath cart ettendin	an		d								
O. ha dead / tha el	sic	Pert II. Other significant conditions of	ontributing to death bu	t not rasulting I	n tha underly	ing cause g	ivan in Part I.	23b. Did t	obacco use conti	ibute to the	cause of death?
F in the second	by Physician/I	COPID						101	/es 2000 3	B ☐ Probably	4 Unknown
cords requires been sign	Completed by							24a. Wes o	en eutopsy med?	eveileble	on of cause
The law ate has page 2:	E							1 D Y	es 2000	1 □ Yes	2□ No
Vital I	BeC	25. Wes casa rafarred to medical					26 Place of Da	ath (Check only o			
of Vita Physician: rthis certific iral diractor,	To B	exeminer? 1 ☐ Yes 2 ☐ No	Hospitel:	nt 2 ER/O	utpetient 3	DOA O	har:	lome 5 D Resid		(Specify)	
Phys arthis aral di		27. Manner of Death	28a. Dete of Injur (Month, Dey		Time of	28c. Inju			ow injury occurred		
On offing the stun of tun	tio	1 ☑ Naturel 5 ☐ Panding 2 ☐ Accident investigation		Year)	njury M		ork?]Yes 2∐No				
Division of Vita the Hospital or Attending Physician: thin 24 hours effer deeth. • the Funeral Director: After this certific omplataly filled in by the funeral director,	Certification:	3 Suicide 6 Could not be datermined	28e. Place of Injubuilding, etc	ry - At home, fe . (Specify)	erm, streat, fa	ictory, offica		28f. Location (S City or Tow	itreet end Number n, Stete)	or Rural Rou	te Number,
Hospital 24 hours Funeral italy filled	edicai C	(Uneck only 2 Medical Exam	ysician: To the best o	axamination en	a, death occu	rred et the t	ima, data and plece	a, end due to the corred at the time.	eusa(s) and man fata and placa, an	nar as stated. d due to tha c	euse(s)
the the mpla	Med	onej	and manner ste	ted.							
FEF		29b. Signature end title of certifier	-//			29c. Licen	se number		29d. Date signed	wonin, Dey, 1	1 991)
6111	1	Cothet	~ Westler	m))	1/0	164 54		4149-	t	
14:0		30. Name end eddrass of person who	complated cause of de	eth (Item 23e)			1 14	72 1	L	Λ.)
		Middlesix Heal	th lente	(12'	45 E	aste	rn Blud	Poul	TIGHON	my L	22
St	ate	31. Date filed (Month, Day, Year)	Julya Devida	A STATE	2					-	

State of Maryland / Department of Health and Mental Hygiene

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Dhuaici			16 4-4-9/ rja		Certificate o	t Death		Reg. No.		
		1. Decadant's Nama (First, Middla, L	Last)				2. Data of De	ath	V	3. Time of Death
Physicia /Medic		Jushne	Trouts	vine			Month 3	Day. 29	Year	11:36
Examin		4a. Fecility Nama (If not institution, g	riva street and number)			4b. City, Town, or	Location of Deat	h 4c. County	of Death	
		Bayview Med	lical Cer	reled		Bult	more	N	/A	
Funeral	-			a (In yrs. last birth	day) If Undar 1 Ye Months Day		8. Date of Bir (Month, Da			leca (Stata or Foraig
Director		11/200	10 M 20XF 7	3 - Y	s. Monard	o riodio iviii.	02/10	125	Penns	ylvania_
pu k		Usual Rasidence of Dacedant 10a. Stata 10b. County		10c. City, Town	as Logotion			•		
sho is	5	PA Lanca	ster	, ,	zabethto	67 n			10	Od. Inside City Limits
189	Director		. S C C L	11.1.1.						1 □ Yes 2 □ No
ours after death with the Marylan al', or items 23s or 28s-f show Evarries to settled at	늅	10e. Street and Number	D 1		10f. Zip Code			10g. Citizan of	What Count	try?
23a	E a	1963 Sheaffer			170			USA		
the man	Funeral	11. Maritai Status	12. Was Dacedant E Armed Forcas?	Evar in U,S.	Was Dacadant of If Yas, specify C	f Hispenic Origin? (S ıben, Maxicen, Puar	pacify Yes or No o Rican, atc.)	- 14. Rad Bla	ce - America ck, Whita, a	
2 should be filed within 72 hours after death with the Maryland end Mental Hygiere. Is marked other than "natural", or items 23a or 28a-f show aumstic event, the Medical Examinations invest be notified at	by F	1 ☐ Naver Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	If Yas, Give	10	1□ Yas 🎾 N	o Specify:		Specif	y: W	hite
natural',			Yaar or Datas:	40-0						
natur	Be Completed	15. Decedant's (Specify only highast g		168. 0	lecedant's Usual Occ Giva kind of work dor ifa. DO NOT usa rati	upation a during most of wo	rking	16b. Kind of B	usinass/Ind	lustry
than	E	Elementery/Secondary (0-12)	College (1-4or 5	1+)		180)		Own H		
Hygi ther int, II	ပိ	17. Father's Nema (First, Middla, Las	st)	ПОП	memaker	18. Mothar's Nar	ne (Firet Middle			
od o	Be	_	F. Kimpl							
d Me merk metic	2	19a. Informant's Neme/Ralationship			4-22		ra A.			
T Is I		Control of the contro			Mailing Addrass (Stre				, State, ∠ip	Coda)
Health em 27 other tr	-	Verna E. Stambau 20a. Mathod of Disposition	ign/sister		D Lycan Dr. Disposition (Nama of	ive York	Data	20c. Location	City or To	um State
すここ		1 ☐ Buriai 2 ☐ Cramation 3		camatary,	cramatory or other p			200. Location	- City of Tot	WII, Stata
tant	-	4 □ Donation 5 □ Other (Space	**	Metro	Crematory		./97	Baltimo	ore, N	MD
Depertment Important: I any Injury o		21. Signatura of Funeral Sarvice Lice	enson Maria	_	22. Nama end Add	rass of Facility on Society	of Mary	rland 1	nc	
40200		George E. Ma	cNabb		299 Fred	erick Rd.	Baltimo	ore. MD	21225	1
		23a. Part1. Enter the disaasa, or con shock, or heart failura. List onl	mplicetions that causad	tha daath. Do no	t enter tha moda of d	ying, such as cardied	or raspiratory e	rrest,		Approximeta Interval Betwaan
hysiclan						,				Onsat and Daath
/Medical Examiner		Immadiata Cause (Finel diseasa or condition	35	% Ti	35 A	3rd deg	nce to	nur-		11 days
		rasulting In daath)	Ø	Dua to (or as a co	nsequence of):					1
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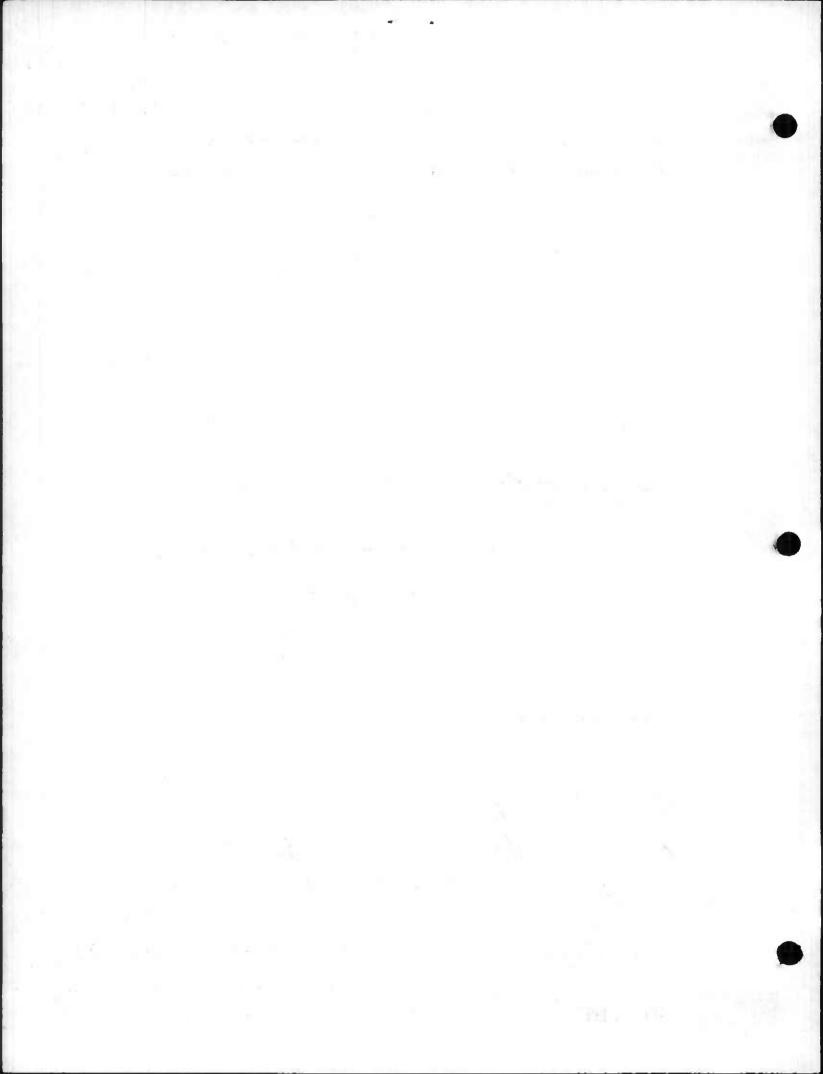
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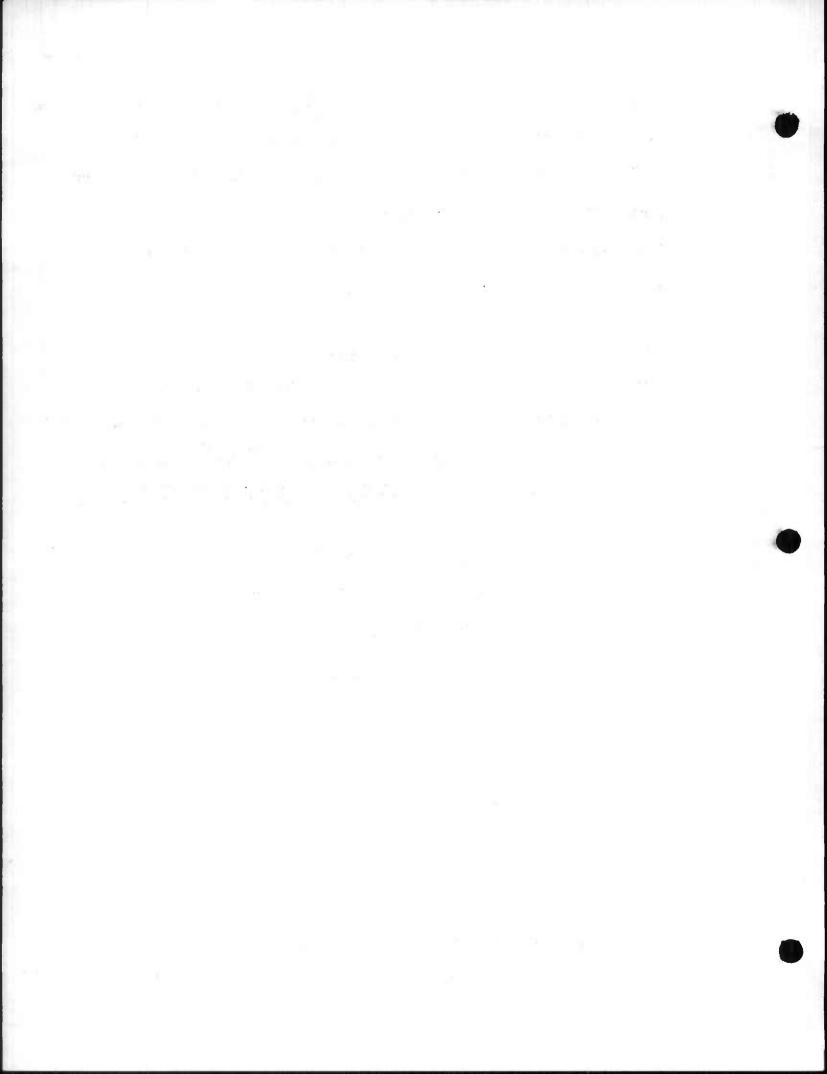
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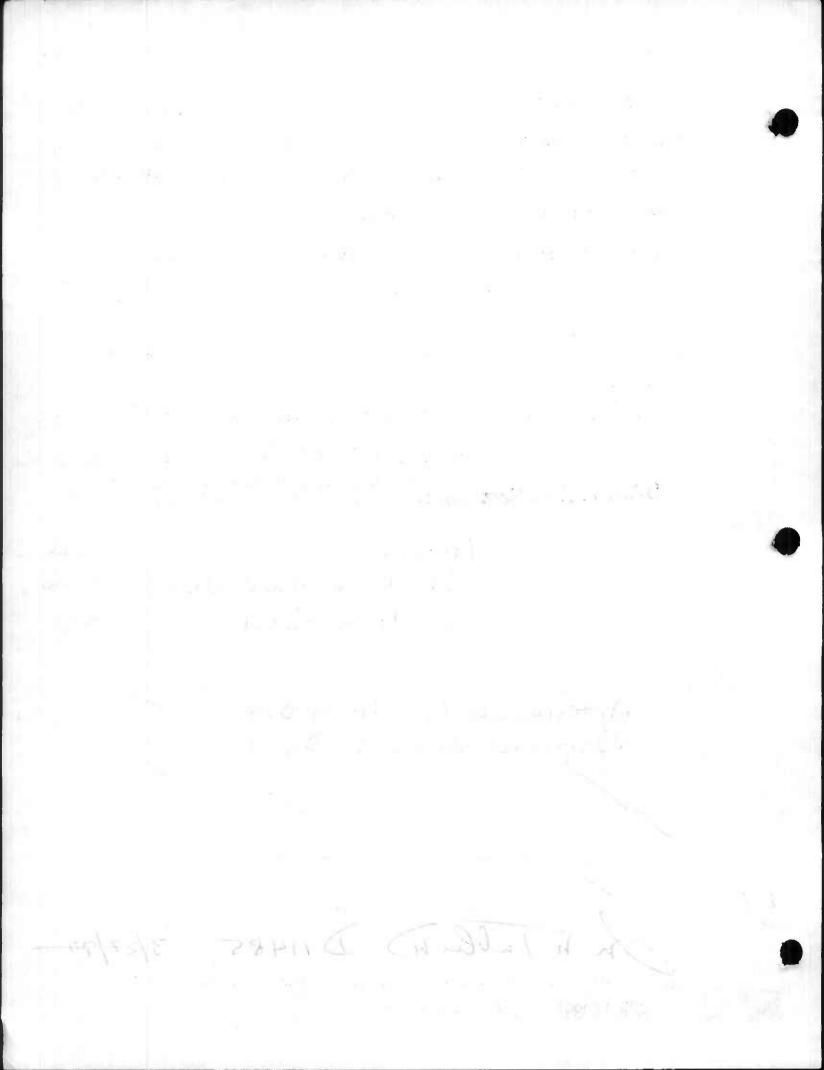
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Examine		er	4a. Facility Neme (If not institution St. Agnes Hos	_		nber)				4b. City, Town, o		ath 4		of Death			
		4	5. Sociel Security Number	6. Sex		7. Aga (In yrs.	lest hirthday	if Un	dar 1 Yaar	Baltimor		Rinth		N/A	place /6	toto or Foreign	
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or 28		i e	10e. Sireel and Number					10f.	Zip Code			10g. C	itizan of	Whet Cour	ntry?		
ath w	1	la la	3012 Florida						21227			U.	S.A.				
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72 ho	a l	sted	15. Deceden	t's Educ	cation		16e. Decedent's Usuel Occupetion (Give kind of work done during most of work			orkina	16b.	Kind of B	usiness/în	dustry			
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iled v			17. Fether's Neme (First, Middle,	i netì	00		Never Worked None 18. Mothar's Name (First, Middle, Meiden Sumema)										
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/Medic Examin	cal		Immediate Cause (Final disease or condition resulting in death)	Θ	Ro	Spi	lating	9 /	Fai	luri				4	2	d	
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t tha de by the a		Physician	Part II. Other eignificent condition	ulting In tha	Iting In tha underlying cause given In Pert I. 23b. Did tobacco use contril					ntribute to	ibute to the cause of deeth?						
E 28	i										10	Yes	2 No	3 Pro	babty	4 Unknown	
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The la ata ha page 2		E									10	Yes	2 No		∃Yes	212 No	
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nding Phys			27. Memner of Deeth 1 1 Natural 5 ☐ Pendin 2 ☐ Accident investig		28e. Dete of (Month)	Injury , Day Year)	28b. Time of Injury	of M	28c. Inju Wo	iry et ork?] Yes 2 □ No	28d. Dascrib	e how in	jury occur	red			
all or Atte		Certification:	3 Suicide 6 Could a determined	not be ined	28e. Place o building	of Injury - At h g, etc. (Speci)	ome, farm, st	treet, fact	tory, office			If. Location (Street end Number or Rural Route Number, City or Town, State)				Number,	
Hospital House			29a. Certifier 1 ☐ Certifyin (Check only one)	g Physi Examin	ictan: To the berief: On the bes	sis of axamina	wledge, deet tion end/or in	th occurrenvestigati	ed et the ti ion, in my	ime, dete end plac opinion, deeth occ	e, end due to the curred at tha lime	e ceusei a, date a	(s) end me nd place,	enner es s end due to	teted.	use(s)	
richia To the	ž.	Σ	29b. Signeture end title of certifie	r						sa number		29d. D	ete signe	ed (Month,	Dey, Ye	par)	
^			> Buli	10	non	16			DZ	6256)	3	5/26	197	7		
9			30. Name and address of person BICH Duor	who cor	mpleted cause	of deeth (Iter	23e) (Type	Print)	unj	6256 Tm 14	rd B	all	hmr	re 1	UD	2/230	
	State	9	31. Date-fifed (Month, Dey, Year)	-	32 Be	gistrar's Signa			0								

DHMH 16 Rev 6/95



				Certificate of	Death	Re	g. No.	
Dhuo	lalan	Decedent's Neme (First, Middle, Lest)				2. Dete of Deeth Month		3. Time of Death
Phys /Me	dical	MILDRED TEMPCHIN				March 27		11:30 AM
Exar	niner	4e. Fecility Name (If not institution, give street end numbar)			4b. City, Town, or L		4c. County of Deeth	
~		Randolph Hills Nursing Cent		16 Dodge 4 Vege	Wheaton		Montgome	ery
Funer Direct	-	5. Social Security Number 578-40-1765 Usuel Residence of Decedent 6. Sex 1 □ M 2X□ F 7. Age	(In yrs. lest birti	frs. If Undar 1 Year Months Deys		8. Dete of Birth (Month, Dey, April 13	9. Birth Cou 3, 1919 Was	pplaca (State or Foraign untry) shington, D(
Maryland a-f show	tor	10a. Stata 10b. County Maryland Montgomery	10c. City, Town Silver	or Location Spring				10d. Inside City Limits
th with the 23a or 28	Funeral Director	10e. Street end Number 11700 Old Columbia Pike, #1	307	10f. Zip Code 2090	4	10	g. Citizen of Whet Cou	untry?
Baltimore, Maryland 21215-0020 permit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryland Depertment of Health and Mentel Hygiene. Important: If them 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, ## Medical Examiner must be notified at	by	11. Mantal Status 12. Wes Decedent Eventmed Forces? 1 □ Navar Married 2 ☑ Married 1 □ Yas 2 ☑ No	ver in U,S.			pecify Yes or No- Rican, etc.)	14. Race - Ameri Black, White Specify:	
21215-0020 d within 72 hours of giene. In them "natural", or the Medical Exem	Completed	15. Decedent's Education (Specify only highest grede completed)		Decedent's Usuel Occu (Give kind of work done life. DO NOT use retire	during most of work	king 10	6b. Kind of Business/Ir	ndustry
212 d with giene.	E	Elementary/Secondary (0-12) College (1-4or 5+))	ountant			Accounting	7
aryland 2 should be filed vand Mentel Hygie	To Be C	17. Fethar's Name (First, Middla, Last) Abraham Levy			18. Mothar's Nem	e (First, Middla, Me		
Maryland d 2 should be file lith and Mentel Hy 7 is marked othe traumatic event	-	19e. Informant's Name/Reletionship (Type, Print) Jordan Tempchin, Son		Melling Address (Stree	t end Number or Rui	re/ Routa Number,		ip Code) yland 20833
Baltimore, North Pages 1 end Depertment of Health mportant: If Item 27 in y Injury or other tr		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from Steta 4 ☐ Donation 5 ☐ Other (Specify)	20b. Plece of l	Disposition (Name of v. cremetory or other place)	3/30/19	97 Date 20	Oc. Location - City or T	own, Stete
Baltil pemit. F Depertment importan	Suce	21. Signeture of Funeral Servica Licensee		22. Name end Addr STEIN HEBR	ess of Fecility EW MEMORIA	AL FUNERA	L HOME, IN	cch, Virgini NC.
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/Medica Examine	_	Immediete Ceuse (Finel disaese or condition resulting in deeth)	tren	onsequence of):			-	ZWC
uted d ansit	Examiner	b .	nd	Stage	Vena Embo	e du	ease	15 mo
68760, ficete be executed physician and st the bunal-transit	edical Exa	if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events	Le to (or es e co		Embo	di		54
BOX 68 leath certifice attending ph	≥	resulting In deeth) Lest						4 4 4 4
P.O. B nat the death d by the atte etached for	Physician	Pert II. Other aignificant conditions contributing to death but	not resulting in	the underlying cause gi	ven in Pert I.	23b. Did tob	acco use contribute t	to the cause of death?
15, P.O. I res that the designed by the a	by Ph	Arteriosclar	otic	Hea	et Divo	g 1□ Yes	2 3 → NO 3 □ Pro	obably 4 Unknown
aw requi	Completed b	Veripheral	Vasc	cular	Diseas	24e. Wes an performe	ed?	Vere eutopsy findings veileble prior to ompletion of cause f deeth?
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Of Vita Physician: this certific	10	1 ☐ Yas Hospitel: 1 ☐ Inpatiant		batient 3L DOA			ce 6 □Other (Specia	ify)
	lon	27. Menne of Deeth 1 MarNaturel 5 □ Pending (Month, Day Y	/ear) 28b. Tir	ury Wo		28d. Describe how	injury occurred	
Olvision ocattending fler death. Director: Atte	Certification:	2 Accident investigation 3 Sulcide 6 Could not be determined 28e. Place of Injury building, etc. (- At home, fam 'Specify)	M 1	Yes 2□No	28f. Location (Stre City or Town,	et and Number or Run State)	ral Route Number,
A)	Medical C	29a. Certifier (Check only one) 1 Certifying Physicien: To the best of many one) 1 Medical Examiner: On the basis of each and manner state.	caminetion end/	deeth occurred et the ti for Investigetion, in my o	me, dete end piece, oplnion, death occur	end due to the ceu red et the time, date	se(s) and menner es a a end piece, and due t	stated. to the cause(s)
1	Me	29b. Signeture end High of cartifier	2	290. Licans	se number	290	d. Date signed (Month,	Day, Year)
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J.		Ira N. Tublin, MD, 8830 Cam			er Spring	. Marvlan	d 20910	
S Regis	tate trar	31. Dete filed (Month, Dey, Year) 32 Registrer's			-1			



Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth 3. Time of Deeth **Physician** Month Tolson 1501/19 6:20 AM lar /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 140me Raltimore Corien Nursing B5/finore 5. Social Security Number If Under 1 Year | if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 9. Birthplece (State or For Country) Sept. 25, 1921 Maryland 6 Sex 7. Age (In yrs. lest birthday) Birthpiece (State or Foreign Country) **Funeral** Months Deys 1 M 2 X F **76**75 219-18-1902 Yrs. Director Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Haaith end Mental Hygiene. 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Maryland Baltimore Baltimore Funeral Director 1 Yes 3000 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2218 Sulphur Spring Road 21227 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 Never Married 2 Married 21215-0020 1 ☐ Yes ZENo Specify: þ Specify: White 3 Widowed 4 Divorced Completed 15. Decedent's Education Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) homemaker own home Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be end Mental G. Green Raymond E. Manley Lillian Greene 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2: Depertment of Haaith er Important: if item 27 is any injury or other trat Robert Tolson, husband 2218 Sulphur Spring Road Baltimore, MD21227 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State Loudon Park Cemetery 4/3/97 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signe ura of Funerel Service Licensee 22. Name end Address of Fecility Ambrose Funeral Home of Lansdowne 23a. Pert1. Enter the disease, or complications that all sed the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical ancer **Examiner** Due to (or es e consequence of) Examiner The law requires that the death certificate be axecuted anding physician and use es the bunal-trans Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of). Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by d be detect 2 No 1 Yes 3 Probably 4 Unknown by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? cartificata has 1 ☐ Yes 2 ☐ No or Attanding Physician: Be 25. Wes case referred to medical 26. Plece of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA After this 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Neturel frours after deeth. 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 2 4 D Homicide 29e. Certifier † Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) end manner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner stated. Medical (Check only 29b. Signeture end title of cartifie, 29c. License number 29d. Date signed (Month, Dey, Year) s of person pleted cause of deeth (Item 23a) (Type, Print) - Hickory Ridge Rd Columbia MD d (Month, Day, Year) 0 4 1997 2. Registrer's Signatu State Registrar

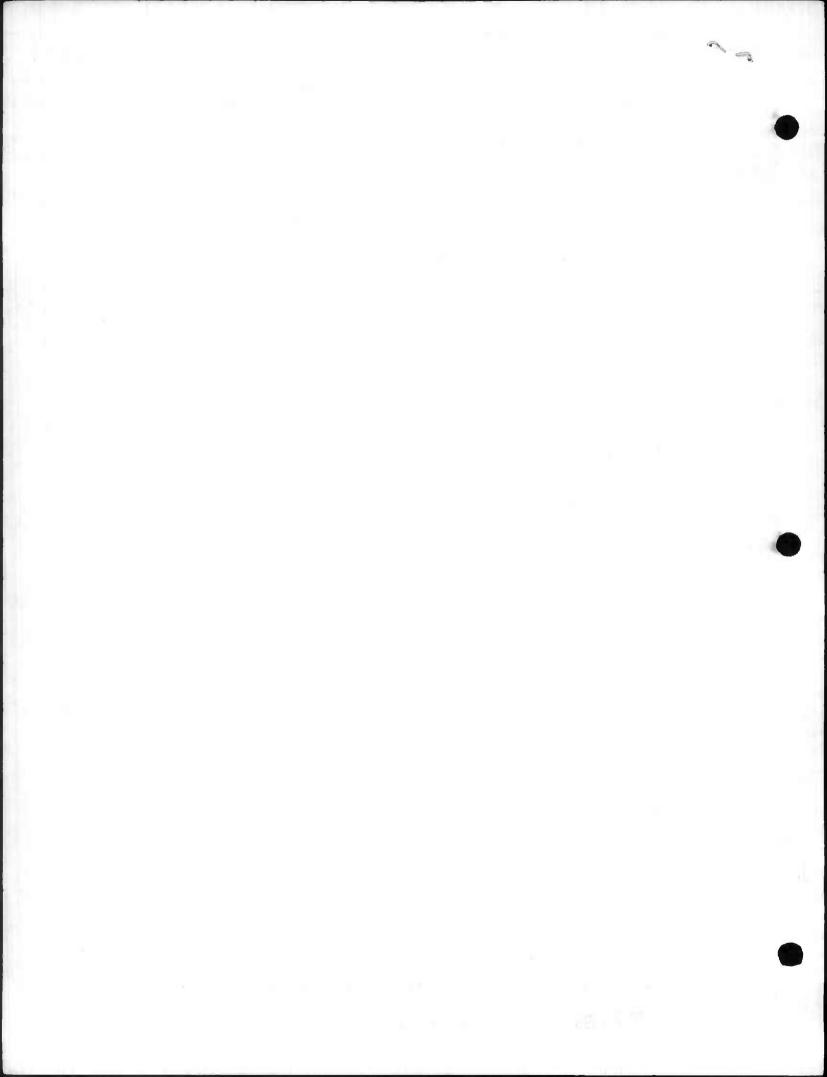
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		MARYLAND STAT					'IMOR		N	11	
Funera Directo		5. Social Security Number 213-92-4843 Usual Residence of Decedent	ex 7. Age	(In yrs. lest birthday, 2 o Yrs.	If Under 1 Y Months D	eys Hours	24 Hrs. 8. Min.	Date of Birth (Month, Dey,) 8 - 25	(ear) 76	9. Birthple Countr MA	ece (State or Foreign)
land land		10e. Stete 10b. County		10c. City, Town or L	ocation				·	10	d. Inside City Limit
Man	to	Md. N/A		BALTI	nore						1 1 Yes 2 N
or 28	Director	10e. Street end Number	,		10f. Zip Co	de		109	g. Oltizen of V	What Countr	ry?
ath w	ra	1606 N. WAShIN	9/00 STE	eet	21	213			U.S.	A	
er de Herne	Funeral	11. Marital Status	12. Was Decedent E Armed Forces?	ver in U,S. 13.	Was Decedent If Yes, specify	of Hispenic Ori Cuben, Mexicar	gin? (Specify , Puerto Rica	Yes or No- in, etc.)		e - Americe ck, White, e	
rs aft	by F	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates:	0	1 □ Yes 2 🕒	No Specify:		Specify: 2			. 1
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Maryland th end Mental Hygiene. T is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinal must be northed at		15. Decedent's Ed	ucetion	16e. Deca	dent's Usuel O	ccupation	TI CONTROL	16	Bb. Kind of Bi	U L/F	ustry
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aryla should nd Men marke	70		Aylor		100000			1 CAI			
Ma d 2 st th end 7 is n		19a. Informent's Name/Reletionship (7				reet end Numbe					
s 1 and f Health ftem 27		20e. Method of Disposition	-// //	20b. Plece of Dispo	sition (Name of	Shing	000	ete 20	C. Location -	City or Tow	m. Stete
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글 글본원증		21. Signature of Fyneral Service Ucequ	CHIP COLUMN		2. Neme end A	ddress of Facilit	y	MAR	MINAT	20104	1,2/3
Depe Depe		1 teps LA	aller	T	1639	No 13R	OHau	-0 01):	to	1. <-	RVICE
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8760, ate be en hysician the burla	dlcai	if eny, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events	c	ue to (or es e consec	mence of).						
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cords, has required the been signed should be de-	d by							24a. Wes en	eutopsv	24b. Wer	e eutopsy findings
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ysicil green	To B	examiner? 1XXes 2□ No	Hospital:	t 2 ER/Outpetie	nt 3 DOA	Other		5 ☐ Residen	ce 6 XOth	er (Sale)	PENAL
D P P		27. Manner of Death	28e. Dete of Injury (Month, Dey	Year) 28b. Time o	f 28c.	Injury et Work?	28d.	Describe how	injury occur	red	
Sauth. or: Allar	catl	2 Accident investigation			М	1 Yes 2 1					
al or All	Certification:	3 Sulcide 4 Homloide Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number of City or Town, Stete)									Route Number,
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To the within 2 To the comple	Σ	29b. Signature end title of certifier	101		29c. Lic	cense number		290	d. Dete signe	d (Month, D	ey, Year)
		Denne	Muto	no		O.C.M.I	Ξ.	I	1ARCH	31,	1997
2		30. Neme end eddress of person who	•								
		Dennis J. Chute		111 Penn	Stree	et, Ba	Ltimo	re, Ma	aryla	nd 21	.201
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State Registrar

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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 1 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month John Dey 74-Yeer 274-199 **Physician** lliam Wilson Wi 40A 199 /Medicai 4a. Facility Name (If not institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Baltimor Secour 7. Age (In yrs. lest birthday) If Undar 1 Yaar 8. Date of Birth (Month, Dey, Yeer) 3-13-192 5. Social Security Number 6. Sex If Under 24 Hrs. Birthplace (State or Foreign Country) **Funeral** Min. 214-26-2573 Deys X5 M 2□ F Months Hours Yrs. Director Usuel Residence of Decedent 10a. Stete 10c. City, Town or Location Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Modical Examinar must be incitined at 10d. Inside City Limits Baltimore Director NA 1 Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12. Wes Decedent Ever in U.S. Armed Forcas?

1 See 2 Decedent Ever in U.S. Armed Forcas?

1 Yes 2 Decedent Ever in U.S. Armed Forcas? 21229 4.5.A 715 almondson Funeral Wes Decedent of Hispenic Origin? (Spacify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 11. Maritel Stetus 14. Rece - Amarican Indien Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 Specify: Black 1 ☐ Yes 2 No Specify by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) permit. Peges 1 end 2 should be filed within 72 h Department of Health end Mentel Hygiene. Important: If Item 27 Is merked other than "natu 16b. Kind of Business/Industry Elementary/Secondery (0-12) Strigrade College (1-4or 5+) abover Baltimore City 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Willie Wilson 2 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2/2 29 19e. Informent's Name/Reletionship (Type, Print) -wite Baltimore -lora quenue 20b. Plece of Disposition (Neme of 20a. Method of Disposition Date 20c. Location - City or Town, State cemetery, crematory or other piece) 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from Stete Cemetury 4111 4 ☐ Donetion 5 ☐ Other (Specify) any injury 4-2-97 Hone Houndel CV, 21. Signatura of Funeral Service Licens 22. Name and Address of Fecility buch F. H. West Avenue 23a. Pert1 Enter the diffuse, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feiture. List only one ceuse on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medicai tmmediate Ceuse (Finel disease or condition resulting in deeth) t-mbolism Examiner Examiner The law requires that the death certificate be executed the buriel-tran pue Sequentially list conditions if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury Due to (or es e consequence of) ettending physician for use as the buriel Records, P.O. Box 68760 Physician/Medical thet initiated events resulting In deeth) Lest Due to (or es a consequence of) ulmoran Diskas Part II. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Pert I. detached 23b. Did tobacco use contribute to the cause of death? P 2□ No 3 Probably 4 Unknown signed b Completed by 24b. Were eutopsy findings eveilebla prior to completion of ceuse of deeth? 24a. Wes en eutopsy peed ate has b certificate 2 No 2□ No Division of Vital or Attending Physician: director. 25. Wes case referred to medical examiner? Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) ို 1 ☐ Yes 2 No 1 Enpatient 2 ER/Outpatient 3 DOA this funeral 28b. Time of Injury Certification: 27. Menner of Deeth 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how Injury occurred After 5 Pending investigation 1 Naturel To the Hospital or Attending within 24 hours effer deeth.
To the Funeral Director: Afte completely filled in by the fun 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end menner stated. 29a. Certifier Medical (Check only one) 29b. Signeture and title of certifier. 29c. License number 29d. Date signed (Month, Day, Year) 00 30. Name end eddress of person who completed ceuse of deeth (Item 23a) (Type, Print) -2 NOR #407 BALTIMORE MD

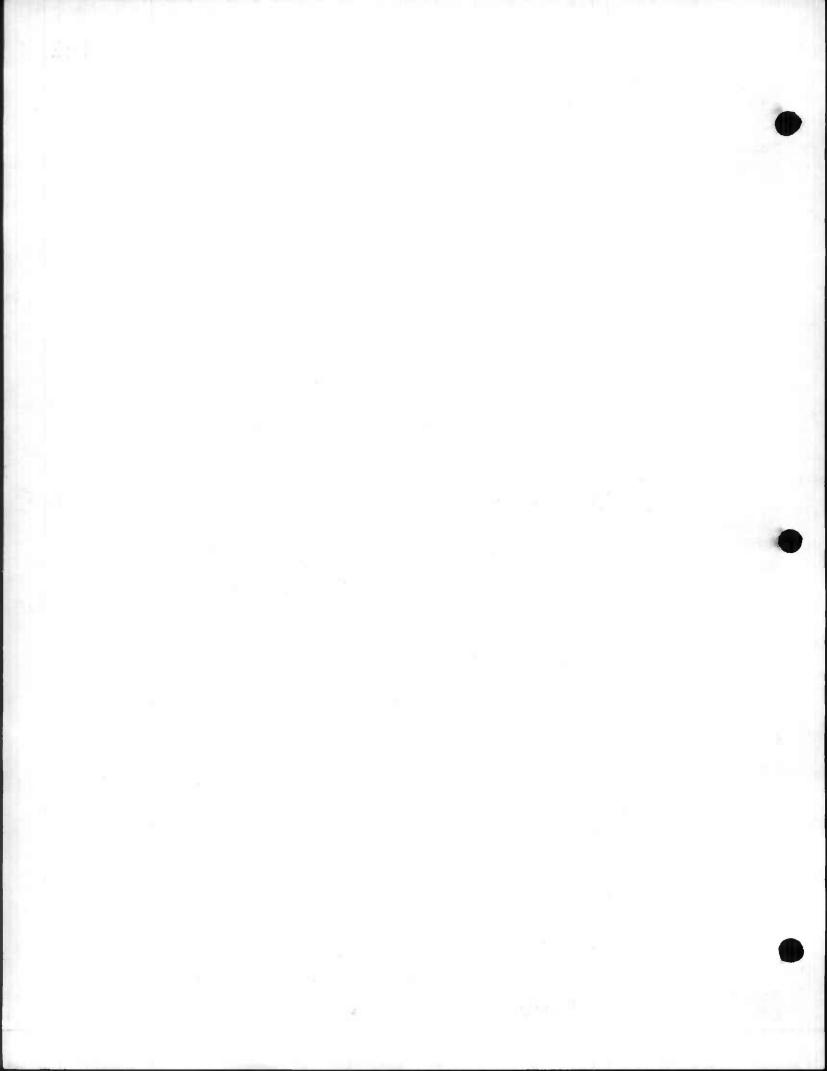
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32. Registrer's Signeture

31. Dete filed (Month, Day, Year) 4 1997

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Departmen

nt of Health and Mental Hygiene	9 0	}	1		0	4	3
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CI.	Р				Ce	ertificate d	of Death	,	Reg. No.			
	Dhyair	ian	1. Decedent's Name (First, Middle, Las	it)				2. Date of De		Year	3. Time of Death	
	Physic /Medi		ANTON				WATTS	MARCH		997	12:20AM	
	Exami		4a. Facility Name (If not institution, give	street and number,)		4b. City, Town, or	Location of Deat				
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1	Funeral Director		212 32 1213		ge (In yrs. last birthda) 19 Yrs.	Months Da			5-78	9. Birthp	piace (State or Foreign	
	and **		Usual Residence of Decedent 10a. Stata 10b. County		10c. City, Town or i	ocation				1	0d. Inside City Limits	
	Maryi	ō	Md. Na		Baltimo						1X Yes 2 No	
	the 128	Director	10e. Street and Number			10f. Zip Cod	0		10g. Citizen of	What Cour	ntry?	
	3a o	<u>=</u>	721 cator Aven	ue		212	18		USA			
	deat	Funeral	11. Marital Status	12. Was Decedant Armed Forces?	Evar in U,S. 13		of Hispanic Origin? (Suban, Maxican, Pue	Specify Yas or No		ce - Amaric		
Maryland 21215-0020	d 2 should be filed within 72 hours aftar death with the Maryland th and Mantal Hygiane. 7 Is marked other than "natural", or items 23s or 28s-f show traumatic event, its Mad cell Examines must be notified.	by	1 ☑ Navar Marriad 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 24 If Yes, Give Yaar or Dates:	No	1 Yes 2 ♣		to Hican, etc.)	Specif			
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and	od of	Be	17. Father's Nama (First, Middle, Last)				18. Mothers Na	me (First, Middle	, Maiden Sumai	ne)		
7	2 should be f and Mantal I Is marked of raumatic eve	ို	Anton Watts 19a. Informant's Name/Relationship (7)		10h Mai	ling Address (Str	Vivian eet and Number or R			utle		
	and 2 saalth an n 27 is ier trau		Vivian Butler	ypo, r mil								
ē,			20a. Method of Disposition		20b. Place of Disp cemetery, cri	position (Nama of	Avenue	Date	20c. Location		and 21218 own, State	
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Baltimore,	permit. Pagas Dapartmant of F Important: If Ite any Injury or ot once.		21. Signatura of Funeral Service Licen			22. Name and Ad						
m	Dapa Impo any Ir		21. Signatura of Funeral Service Licensee 22. Name and Addrass of Facility Baltimore, Maryland 2120 WM.C. March FH 1101 E. North Avenue									
	11.2		23a. Part1. Enter the disease, or comp shock, or heart failure. List only	viications that cause	d the death. Do not e					CII A	Approximate	
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18	or Attending after death. Director: After d in by the fune	fica	3 Suicide 6 Could not be	286. Place of Ini	jury - At home, farm, s			28f. Location	Street and Numl	ber or Rura	l Route Number.	
ă	a after a stellar Direction to be a stellar	Certification:	4 Comicide determined	building, et	c. (Specify)	Street		City or 10	more, Ml	Blk C	ator Ave	
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical	29a. Certifier (Check only one) 1 Certifying Phy	rsician: To the best Iner: On the basis o end manner st	of my knowledge, dee of examination and/or leated	th occurred at the	time, date and place y opinion, deeth occ	e, and due to the	ceuse(s) and m.	anner as st and due to	ated. the ceuse(s)	
	To the Ho within 24 I To the Fu completel	Z	29b. Signature and title of certifier	do		29c. Lice	ense number		29d. Date signe	d (Month,	Day, Year)	
	r > r 0		1/0	(1) 2		0 (C.M.E.		MARCH		1997	
	1		30. Name and address of person who c	ompleted cause of	death (Item 23a) (Tyne		C.F1. E.		ПАЛСП	OT,	1991	
	6		Dennis J. Chi	ite mo			et, Balt	imore	Marul	har.	21201	
							-c, Durt	THOT CI	TIMENTO	ALLU.		

Registrar

State 31. Date filed (Month, Day, Year)
APR 04 1997
32. R

32. Registrar's Signature

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 1. Decedant's Nama (First, Middle, Last) 3. Tima of Death AMONTH WILLIAMS 2:00 AM 4a. Fecility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Northwest Hospital Center Randallstown Baltimore H Undar 1 Year If Undar 24 Hrs. 8. Date of Birth (Month, Day, May 13, 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign M 2□ F Maryland 86 Yrs. 10c. City, Town or Location 10d. Insida City Limits Baltimore Randallstown 1 ☐ Yas 2 No 10f. Zip Code 10g. Citizan of What Country? 3440 Carriage Hill Circle T-4 21133 USA 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yas, Giva Year or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-It Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Rece - American Indien, Black, Whita, atc. 1 Navar Married 2 Marriad 1 ☐ Yas 2X No Spacify: Specify: Black 3 N Widowad 4 □ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Business/Industry College (1-4or 5+) Principal Public School System 18. Mothar's Name (First, Middla, Maidan Sumama) Annie Wilson 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 3440 Carriage Hill Cicle T-4 Randallstown, MD21133

(Spacify only highest grade complated) Elemantary/Secondary (0-12)

ARTHUR

10b. County

5. Social Security Number

10e. Street and Numbar

10a. Stata

MD

Director

Funeral

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Completed

Be

214-40-4751

Usual Rasidance of Dacedant

Physician

/Medical

Examiner

Funeral

Director

permit. Pages 1 and 2 should be filled within 72 hours efter death with the Maryland Department of Haalth and Mentel Hyglena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any fujury or other traumatic event, the Mexical Examinations must be notified at once.

Physiclan /Medical

Examiner

physiclen and the buriel-trensit

attanding pl

been signed by the s should be detached

page 2:

funeral

ial or Attending Physician: Tres ofter death.

To the Hospital of within 24 hours e To the Funeral D

The law requires that the death certificete be executed

Division of Vital Records, P.O. Box 68760,

Examiner

Physiclan/Medical

þ

Completed

Certification: To

Medical

Baltimore, Maryland 21215-0020

17. Fethar's Nama (First, Middle, Last) Charles Albert Williams

Arthur R. Williams/son 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify)

20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 4/3/97 Metro Crematory, Inc.

20c. Location - City or Town, Stata

Baltimore, MD

21. Signature of Funaral Service Licenses Edward A. Gregorchik

239 Frederick Rd. Dallinore,
23a. Parti. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line.

Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228

Immediata Cause (Finel diseese or condition resulting in death)

MULTI ORGAN FAILURE Due to (or as a consaquance of):

Approximete Intarvel Batweer Onset end Death

Sequentielly list conditions, if eny, laading to immadiata causa. Entar Undarlying Causa (Diseasa or Injury that initieted avants resulting in daath) Last

ENTERO WEAR

Part II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco usa contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 19 Unknown

24b. Wera autopsy tindings available prior to completion of cause of death? 24a. Wes en eutopsy performed?

1 Yas 2 No 26. Place of Death (Check only ona)

1 ☐ Yes 2 ☐ No

25. Was casa ratarred to medicel axaminar? 1 Yas 2 No

27. Manner of Daath

2 Accidant

3 Suicida

29s. Certifier

4 Homicide

1 Nnpatlant 28a. Data of Injury (Month, Day Year)

Hospital:

2 ☐ ER/Outpatiant 3 ☐ DOA 28b. Tima of

28c. Injury at Work? 1 Yas 2 No

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Dascribe how Injury occurred

6 Could not be 28a. Place of Injury - At homa, farm, streat, tactory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

1 Cartifying Phyalcian: To the bast of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) end menner es stetad. 2 Madical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. d titleof contilion

29c. Licansa number

29d. Date signad (Month, Day, Year)

29b. Signatur

MD

BG 4439128

2 1992 APRIL

30. Name and eddress of person who complated causa of death (Item 23a) (Type, Print) THOMAS GEORGE, NORANNESS HOSPITAL CENTEX 5401 620 COURT ROAD, RANDAUSTONIN 21133

State Registrar

31. Data tiled (Month, Day, Yaar)

APR 0 4 1997

5 Panding

invastigation

32. Registrar's Signatura whice Davidson-Randalle

TEN 69-71-

Item 2	3,2	7,28abcdef Per MEO Fi	1m G746 4-8-9	7 rja	Certific	ate of l	Death	R	eg. No.		
Dhysisi		1. Decedent's Name (First, Middle, L	ast)					2. Date of Deal	th Day	Yaar	3. Time of Death
Physicia /Medic		PATRICIA WHE	TSTONE -					MARCH		1997	8:06AM
Examin	er	4a. Facility Name (If not institution, g	iva street end number)	22121				Location of Death	4c. County		1-
		IN FRONT OF 9 5. Social Sacurity Number 6.		BRADE e (In yrs. lest bi		TREET	BALT If Under 24 Hrs	IMORE 8. Date of Birth			/a
Funeral Director		213 90 1876 Usual Residance of Dacedent	1□ M 20X F	34	Yrs. Monti		Hours Min.	March 2	, 1963	Coun	lace (State or Foreign try) yland
Hed at	tor	10a. State 10b. County	n/a	10c. City, Tow	n or Location		Baltimo	re		10	0d. Inside City Limits 11 Yes 2 No
illed with 7 2 hours enter dean with the Merylend thygiene than "natural", or items 23a or 23a-1 show int, the Medical Examinar must be notified at	Funeral Director	10e. Street and Number 1007 Spangler Wa	У		10f.	Zip Coda	21205	1	Og. Citizen of to United		
f, or items Xaminer m	by Funer	11. Marital Status 1 ↑ Never Married 2 → Married 3 → Widowed 4 → Divorced	12. Was Decedent B Armed Forces? 1 Yes 2001 If Yes, Give Year or Dates:			cedant of H pecify Cuba	ispanic Origin? (S n, Mexican, Puerl Specify:	pecify Yes or No- o Ricen, etc.)		ce - America ck, White, o	
stural',		15. Decedent's I		16a	. Decedent's U	sual Occup	ation		16b. Kind of B	usiness/Ind	lustry
n na Maoic	Completed	(Specify only highest g Elamantary/Sacondary (0-12)	rede completed) Collage (1-4or 5		(Give kind of lifa. DO NO	work done o	furing most of wor	rking			cessing
giene. er than	Com	10	Oonage (1-4015	7	Line	Supe	rvisor		Factor		
王 5 5	To Be	17. Father's Name (First, Middla, Las Lawrence	(1)	Whetst	one		18. Mothar's Nar Carla	ma (First, Middle, I	Meiden Sumen DeFi		
seith end in 27 is me ser traume		19a. Informant's Name/Relationship James Macereth /						urel Route Number 11timore,		, <i>Stete, Zip</i> 1205	Coda)
nent of He int: if item iry or oth		20a. Method of Disposition 1XX Burial 2 Cramation 3 4 Donation 5 Other (Spec			Disposition (in property) of the Disposition (in property) of the			Date /14/97	20c. Location -		
Department of Heelth end Menta important: if item 27 is marked any injury or other traumatic avoice.		21. Signature of Funeral Service Lice Light 22. Part 1. Entar the disease, or con	tunain	~	CAFA 8717	Steph	Pasture	ohrmann P	altimo:	re, M	D 21286
Physician /Medical Examiner	liner	Immediate Cause (Final disease or condition resulting in death)		E DRUG II							Onsat and Death
de ettending physician end of for use es the buriel-transit	fedical Examiner	Sequentially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last	c	Due to (or as a							
ettending ph	lan/M		d	-							
ed by the	by Physician	Part II. Other significant conditiona	contributing to death bu	it not resulting i	n the underlyin	g ceuse give	an in Part I.				the cause of death?
ss been sign 2 should be	Completed b							24a. Was a perform	n autopsy med?	ava	ere eutopsy findings allabla prior to applation of causa death?
ete hes page 2	E							1/DCY	as 2 No	18	Yes 2□ No
s certificete director, pag	Be	25. Was case referred to medical examinar?					28. Place of Dea	ath (Check only on	re)		
P is	၉	Mas 2□ No	Hospital: 1 Inpatier			DOA Othe	4 Li Nuising H	loma 5□ Raside		er (Specify	ON STRE
fler	ou	27. Manner of Daath 1 ☐ Natural 5 ☐ Pending	28a. Date of Injur (Month, Dey		Fime of njury	28c. Injun Work		28d. Describe ho	ow Injury occur	red	
ter deeth. Irector: After n by the fune	Certification:	2 Accident investigation 3 Suicide 6 XX Could not 1 4 Homicide determined	28e. Place of Inju	ry - At home, fa			Yes 2 No	UNKNOW 28f. Location (Si City or Town	treet end Numb	ber or Rure	l Routa Number,
	edical Ce	(Check 2 Medical Exa	FOUND IN F hysician: To the bast of miner: On the basis of	f my knowledge	. daath occurr	ed et tha tim	ie, date and place	and due to the ca	ausa(s) and mu	anner as st	TIMORE, MD. ated. the causa(s)
the mplet	Med	01107	and manner star	ted.							
Sor T with		29b. Signature and title of certifier	tole	and		29c. License	C.M.E.	2	9d. Date signe MARCI		, 1997
		30. Name and address of person who	completed causa of de	eath (Item 23a)	(Type, Print)				-		_

111 Penn Street, Baltimore, Maryland 21201

LOCKUMD

PI

	Please			nd / Dep	artment of	k. Assure A			ble.	10146
				Ce	rtificate o	f Death	Re	g. No.		
1. Decedent's Neme (F	irst, Middle, Las	st)					2. Dete of Deet			3. Time of Death
Dorothy		Christ	ina		Wettern		April	Pay	1 997	3:20 am
4a. Facility Name (If no	t institution, give	street end numbe	r)			4b. City, Town, or		4c. County	of Deeth	
Manor Car	re-Rolar	nd Park				Baltimo	ore	1	N/A	
5. Social Security Number 213-10-817:		ex 7.7 □ M 2 💢 F	Age (In yrs 87	. last birthdey, Yrs.	Months Day		8. Date of Birth (Month, Dey, December	Year) 28,1909	Cou	place (State or Foreign ntry) yland
Usuel Residence of De										
2.44.000	b. County			ity, Town or L						10d. Inside City Limits
Maryland	Baltimo	ore Co.	Pa	arkvill	е					1 ☐ Yes 2 💢 No
10e. Street and Numbe					10f. Zip Code		10	g. Citizen of V	Whet Cou	ntry?
8800 Walt	her Bly	vd. A	pt. 2	2510	2123	4		United	Stat	es
11. Maritel Status		12. Was Deceder Armed Forces		J,S. 13.	Was Decedent of	of Hispanic Origin? (Suban, Mexican, Puerl	pecify Yes or No-		e - Ameri	can indien,
1 Never Married	2 Married	1 ☐ Yes 2 2 If Yes, Give			1 Yes 2 N		o riioari, oto.,			
3X Widowed 4 □	Divorced	Year or Detes	s:		10 162 201	o Specify.		Specify	Wh:	ite
	. Decedent's Ed			16a. Dece	dent's Usual Occ	cupation	rking	6b. Kind of B	usiness/In	dustry
Elementery/Seconda		College (1-4o	r 5+)			ne during most of wor	Niis			
12				ACCOL	inting	Clerk		State	Gover	nment
17. Fether's Name (Firs	st, Middle, Last)					18. Mother's Nar	me (First, Middle, M	leiden Surnen	10)	
Joshua		Bichell				Dora	Me	yer		
19e. Informent's Name	/Reletionship (7	ype, Print)		19b. Mail	ng Address (Stre	et end Number or Ru	urel Route Number,	City or Town,	Stete, Zij	Code)
Marian La	tshaw/Da	aughter		1 Goud	ther Woods	Court Tow	son, Maryla	and 2128	36	
108. Method of Disposit 108 Burial 2 C 4 Donation 5 C 21. Signature of Funera	remetion 3 Other (Specify)	" Mor	reland M	osition (Neme of metory or other p emorial Pa 2. Name and Add 5305 Harfo	ark dress of Fecility Let			e,Mar al Ho	yland me, Inc.
23a. Pert1. Enter the d shock, or heart fe	lisease, or comp ilure. List only o	olicetions that caus one cause on each	ed the dea line.							Approximete Intervel Between Onset and Deeth
Immediete Cause (Fine disease or condition resulting in death)	al	o	Add	or as e conse	and a (deat				Ounc
		Δ	Cut	e 1	1				1	10241
Sequentially list conditi	ions	b	Due to /	or as a conse	quence of:					0 00 100
f any, leading to immedause. Enter Underlyin	diate									
Cause (Disease or Injuithat Initiated events	rý	C	Due to /	or es a consec	uience of).				-	
resulting in death) Last			500 10 (1	0. 00 0 001100	juonioo ory.					
		d							-	
Pert il. Other significan	nt conditions co	entributing to death	but not res	sulting in the u	inderlying cause	given in Part I.	23b. Did tol	pacco use co	ntribute t	o the cause of death
AThe	us do	arc	PRU	phen	alvasivli	in disease	1 Ye	s 25 No	3 Pro	bebly 4 Unknow
		_					24a. Was ar perform	autopsy led?	av	ere autopsy findings railable prior to empletion of cause death?
							1□ Ye	s 2 No	1	☐ Yes 2☐ No
25. Wes case referred to examiner?	to medical					28. Plece of Dee	eth (Check only one	9)		
1 Yes 2 No		Hospitai: 1 ☐ Inpa	tient 2	ER/Outpatie	nt 3 DOA	Other: 4 Mursing H	lome 5 ☐ Reside	nce 6 Oth	er (Speci	(y)
27. Menner of Death 1 Noterial 2 Accident	☐ Pending investigation	28a. Dete of In (Month, L	jury ley Year)	28b. Time o Injury	l v		28d. Describe ho			
	Could not be determined	28e. Plece of I	njury - At h	nome, farm, st	reet, fectory, offic		28f. Location (Str City or Town		er or Run	al Route Number,

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Haalth end Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Experience must be notified at ORCE.

Physician

/Medical **Examiner**

Examiner

Physician/Medical

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Completed

Be

Certification: To

Medical

29b. Signature end title of certi

Baltimore, Maryland 21215-0020

Director

Funeral

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Completed

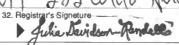
Be

To the Hospital or Attending Physician: The law requires thet the death certificate be axecuted within 24 hours effer daeth.

To the Funeral Director: After this certificate has been signed by the ettanding physician and completaly filled in by the funeral director, paga 2 should be detached for use as the buriel-transit

State Registrar

APR 04



d offuse of death (Item 23a) (Type, Print

29c. License number

we Bulleun

29d. Date signed (Month, Day, Year)

111 1 S

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 | 0 | 47

						C	ertifica	ite of	Death			Reg. No.			
	Di1-1	,	1. Decedent's Neme (First, Middle, L	ast)						-	2. Dete of D	eeth Dev	Voor	3. Tim	ne of Death
	Physic /Medi		Bertha	R.	Zimme	rman					Aori1		Yeer 997	3:1	15am
	Exami		4e. Fecility Neme (If not institution, g						4b. City, To		ocation of Dee		nty of Death		
			10117 Rope Ma	aker Dr	•				E11i	cot	t Cit	у Но	ward		
	Funeral		Sociel Security Number 6.		7. Age (In yrs	s. lest birthde	y) If Und Month	er 1 Yeer S Deys		24 Hrs. Min.	8. Date of B (Month, D	irth	9. Birthp	plece (Ste	ete or Foreign
	Director		133-12-4142 Usuel Residence of Decedent	1□ M 2∏(F	81_	Yrs.	WOTH	Deys	Hours	IVIII I.	March 2	23 1916			vania
	Merylen -f show	tor	New York Eri	е		olty, Town or affal							1		le City Limits Yes 2 No
3	3a or 28a	i Director	10e. Street end Number 121 Tacoma A	venue				ip Code 1421	6			10g. Citizen d		ntry?	
	s I and 2 should be filed within 72 hours effer deeth with the Meryland of Health and Mental tygiene. If Health and Mental tygiene. Other traumetic svent, the Mexical Examiner main the nortified at	by Funeral	11. Maritel Stetus 1 Never Married 2 Married	12. Was Dece Armed For 1 Yes If Yes, Giv	rces? 2 XNo e	U,S. 10	If Yes, sp	edent of i	an, Mexicar	gin? (Spo i, Puerto	ecity Yes or N Rican, etc.)		aca - Americ	etc.	١,
,	ural.	D D	3 ☐ Widowed 4 ☐ Divorced	Year or Da	ates:	140.5	-1 4 11						. AA 11 .	ite	
	ne.	Completed	15. Decedent's (Specify only highest g	Education rade completed) College (1	-4or 5+)				pation during mos ed)	t of work	ing	18b. Kind of		dustry	
	Hygiene. Hygiene. ther thar	Co	12th			Hon	nemak	er				Own H			
	d oth	Be	17. Father's Neme (First, Middle, Las									e, Meiden Sum	ame)		
	s should be and Mental s markad o sumatic sve	2	August Gehrk						Ma	rga	ret R	oth			
	Health and tam 27 is mother traum		19a. Informent's Name/Relationship Herbert J. 2		an	19b. Ma	iling Addre	ss (Stree rth	end Number	er or Rure Av	e. Ke	ber, City or Town	n, Stete, Zip New	Yor	4217 k
,			20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Special Content of the Content		Stete	Pleca of Dis cemetery, co rest La	remetory of	other ple	ece)	4	Dete -8-97	20c. Location		100	Э
	Department of Important: If sny injury or once.		21. Signeture of Funerel Servica Lic	-3500c	0544		22. Name	end Addre		1 H	ome,	P.A.			
	_		23a. Pert1. Enter the disease, or co	mplications that co	aused the des	ath Do not e	E11i	cot	t Cit	y,	Md. 2	1043		Anneovi	moto
			shock, or heart feilure. List on	y one cause on e	ech line.	atii. Do not e	nitoi (ne in	ode or dy	ing, such es	Cardiac	or respiretory	errest,		Intervel Onset e	mete Between and Death
	hysician /Medical		Immediete Ceuse (Finel	Λ				_	Ca	\				7	
	xaminer		disease or condition resulting in deeth)	e. 140E	MOCA	&CINO	MA	01-	COL	ON	META	STATIC		TMI	ONTHS
		ē			Due to	(or es e cons	equence of	r):					-		
7	nsit _ used	듩		b			9								
	oe execucian end	al Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	c.	Due to	(or es e cons	equenca of):							
	certificate be executed ding physician end as the buriel-transit	/Medical	that initieted events resulting in death) Lest		Due to (or es e cons	equence of):	-						
		Physician	Pert II. Other eignificant conditions	contributing to de	eth but not re	sulting In the	underlying	cause gi	ven in Pert I		23b. Did	l tobecco ues o	contribute to	o the cau	se of death?
	igned by the be deteched	by Phy	Anama, O:	STED ARTH	RITS						1	Yes 2□ No	3 □ Prol	bably 4	4 JUnknown
	has been sig je 2 should b	Completed t									24a. We per	s en eutopsy formed?	ev	ere eutop alleble pri empletion deeth?	
-	2 - 6	NO.									1 🗆	Yes 2KNo	1[☐ Yes	No No
1	certificate	Be (25. Wes case referred to medical						28. Plece	of Deetl	h (Check only	one)			
1	00	10	exeminer? 1 ☐ Yes 2 █ No	Hospital:	npatient 2	☐ ER/Outpat	ient 3 🗆 [OOA OI	her: 4 Nu	irsing Ho	me 5 Res	sidenca 6 🗆 C	ther (Specif	5v)	
All The	2 9		27. Menner of Deeth 1 ■Naturel 5 □ Pending 2 □ Accident Investigati		of Injury h, Dey Year)	28b. Time Injury		28c. Inju Wo	ry et ork?] Yes 2 🗆		28d. Describe	how injury occ	urred		
1	4 4 5	Certification:	3 Suicide 6 Could not determine	28e. Pieca	of Injury - At I	home, farm,	street, fecto	ery, office				(Street end Nur own, Stete)	mber or Rura	il Route A	√u <i>mber</i> ,
ŕ	T Police	edical C	29a. Certifier (Check only one) 1 Certifying F 2 Medical Exa	hyeiclan: To the laminer: On the ba	sis of examin	owledge, de ation end/or	eth occurre Investigetion	d et the ti	me, dete en opinlon, dea	d pleca, o	end due to the ed et the time	e cause(s) end i	menner es s e, end due to	teted. the ceus	se(s)
U		Me	29b. Signeture end title of certifier			-	2	9c. Licen:	se number			29d. Date sign	ned (Month,	Dey, Yea	ar)
٩				Hellows,	. his				8296	7		APRIL			
	-6		30. Name end address of person who	BBONS,	MD 9	50100	& ANA	APOI	us Rb	EL	LICOTT	CITY,	MD :	2104	(2
	Sta	-	31. Dete filed (Month, APR 0 4	1997 32. Re	egistra s SIgn	Davidson	Ande	M.				. /			
	Registr	ar	_												

y to the state of

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						(Certifica	ate of	Death			Reg. No.		
	Dhuaia		1. Decedent's Neme (First, Middle, L	ast)							2. Dete of De Month		Veer	3. Time of Death
	Physici /Medi		Charles Alfred	Anders							March	23 1	997	12 PM
3	Examir	ner	4e. Fecility Neme (If not Institution, g		m <i>ber)</i>						ocation of Deat			
			311 Roberts Mil.				M Ltm	day 4 Van	Taney			Carro		
	Funeral Director		5. Social Security Number 6. 216-10-0337 Usuel Residence of Decedent	Sex 12∰M 2□F	7. Age (In yrs		Month	der 1 Year Deys		Min.	8. Dete of Bir (Month, Da August	19,1912	9. Birthi Cour Mar	plece (State or Foreign http:// yland
	Maryland f show	tor	10a. Stete 10b. County Maryland Carroll			ity, Town	or Location							10d. Inside City Limits 1 ☑ Yes 2 ☐ No
	28.00 moth	Director	10e. Street end Number				10f.	Zip Code				10g. Citizen of	Whet Cou	ntry?
	3a o		311 Robert's Mill	Road			21	787				U.S.A.		
020	filed within 72 hours after death with the Maryland Hygiene. Ther than "natural", or items 23a or 28a-f show ant, the Medical Examinal prust be notified at	by Funeral	11. Maritel Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	Armed Fo	2 No	U,S.	If Yes, s	cedent of pecify Cub 2 X No	en, Mexicai	n, Puerte	pecify Yes or No Rican, etc.)	Ble	ck, White,	can Indlen, etc. casian
2	72 ho	Completed	15. Decedent's l			16a. [Decedent's U	suel Occu	petion	a of wood	icha a	16b. Kind of B	uslness/in	dustry
7	ithin Bo	nple	Elementery/Secondary (0-12)	College (1	I-4or 5+)		Give kind of life. DO NOT		ed)	i or wor	ang			
2	ygier her th		7			Sup	erviso	r	1					Manufactur
Maryland 21215-0020	nd 2 should be tith and Mental 27 is marked of traumatic ever	To Be	17. Fether's Neme (First, Middle, Las Harry E. Anders	it)							R. Mose	, Maiden Suman	ne)	
a			19e. Informent's Neme/Reletionship	(Type, Print)		19b. l	Malling Addre	ss (Stree	t and Numb	er or Ru	ral Route Numb	er, City or Town	State, Zip	Code)
_			Mildred V. Anders	, Wife					Mill	Road	-	ytown, M		
altimore,			20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec		State	cemetery	Disposition (A , crematory o U.C.C.	r other ple		i 	Dete 3-26-97	Taneyt		
alt			21. Signeture of Funerel Service Lice	ensee			22. Name	end Addr	ess of Fecili	ty Si	ciles Fi	uneral H	Iome	
00	20 = 20		J. Ken Skila	2			136 E	ast 1	Baltim			aneytown		21787
			23a. Part1. Enter the diseese, or con shock, or heert feilure. List onl	nplicetions thet c	aused the dee	th. Do no	ot enter the m	ode of dy	ing, such es	cardlec	or respiretory e	errest,		Approximete Interval Between
	Physician /Medicai Examiner	-	Immediete Ceuse (Finel disease or condition		Due to									Vocal
	LAMITUTE	_	resulting in deeth)	0.	Due to	(or as e co	onsequence o	of):					1	
	ted last	nlne	_	b C a					E369	33				Year
	icete be executed physician and s the burial-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or es e co	ensequenca d	f):					1	
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	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completaly filled in by the	edicai (29e. Certifier (Check only one) Check only 2 Medical Exa	hysician: To the minar: On the ba	best of my kn asis of examin her steted.	owledge, etion end/	deeth occurre or investigeti	ed et the to	me, dete en opinion, dee	d plece	end due to the red et the time,	ceuse(s) end mo dete end plece,	enner as s end due t	steted. the cause(s)
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1	^		1 Mm-R.S	1_	20	2		1	1431	7		3/24	1/97	
•			30. Name end eddress of person who					_						
	Sta		William R. Linthi 31. Dete tiled (Month, Day, Year)	Cum, MD	egistrer's Sign	igs Di	rive,	Tane	ytown,	MD	21787			
	Registr		MAR 25	1997 /	egistrer's Sign	works	rdall							

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State of Maryland / Department of Health and Mental Hygiene

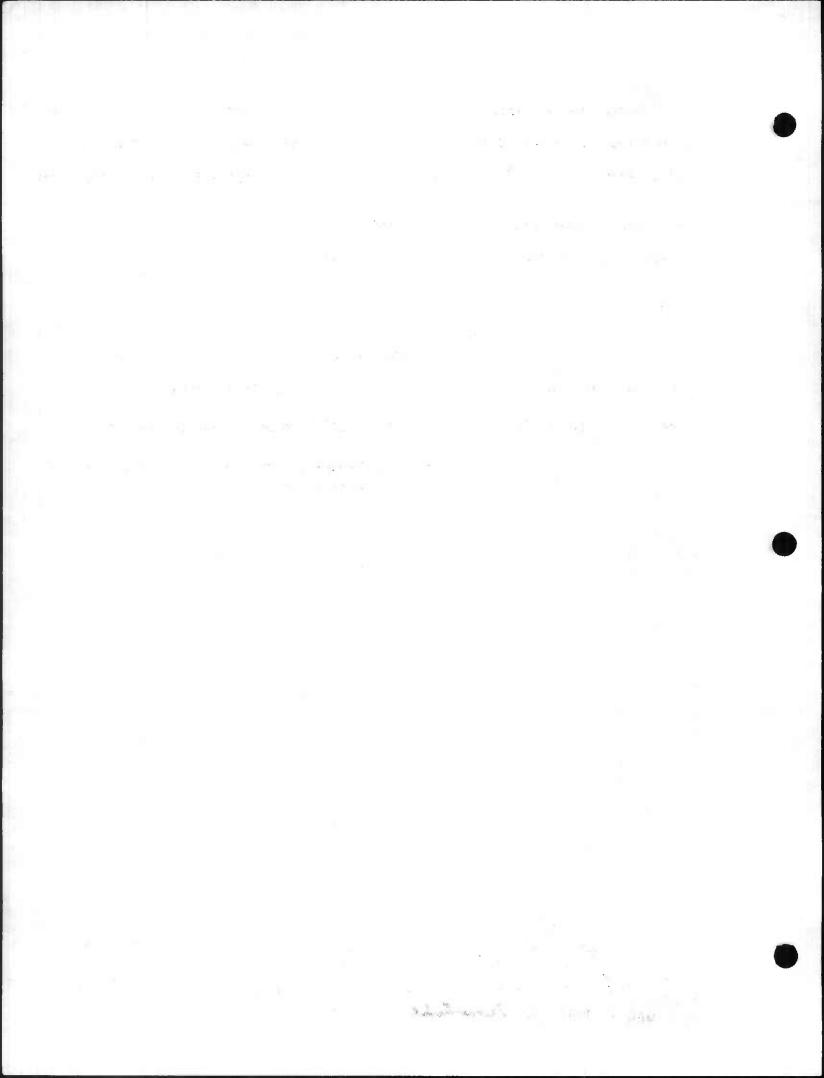
Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month Year Betty Jane Armstrong March 1997 11:07 PM /Medical 4a. Facility Name (If not institution, give street end numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Homewood Retirement Center Williamsport Washington H Undar 1 Yaar | H Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5. Social Security Number 7. Aga (In yrs. last birthdey) Birthpiace (State or Foraign Country) **Funeral** Days 1□ M 21XF Months Yrs. Director 162-22-3952 68 April 16 1928 Pennsylvania Usuei Residence of Dacedent with the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Show pemit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryla Department of Health end Mentel Hygiane. Important: If Item 27 is marked other than "naturs!", or items 23a or 28a4 show any injury or other traumatic event, the Modical Examiner rount be notified at 1 X Yes 2 No Director Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 17521 Virginia Avenue 21740 USA Funeral Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 12. Was Decedant Evar in U,S. Armed Forces? Race - Amarican Indian, Biack, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 ☐ No If Yes, Giva X Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: White þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) MA Housewife Home 17. Father's Nema (First, Middle, Last) 18. Mother's Neme (First, Middla, Meiden Surneme) Be George H. Harmon Dessie A. Blubaugh 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Gregory L. Miller, Sr. 2211 W. Hill Farm Dr. Staunton, VA 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata 20e. Method of Disposition Dete Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Greenlawn Memorial Park 3-29-97 Williamsport, MD 21. Signature of Fuderal Service Licenses 22. Name and Addrass of Facility
Osborne Funeral Home 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. MD 21795 Approximate Interval Between Onsel and Deeth **Physician** /Medical Immediate Cause (Final diseesa or condition resulting in death) Examiner Due to (or es a consequence of) Examiner sician end buriel-transit Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last Due to (or as a consequence of): physician s the buriel Records, P.O. Box 68760 Physician/Medical Dua to (or es a consequance of): ate has been signed by the e page 2 should be detached t Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 3 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of ceuse of death? 24e. Was an autopsy performed? Completed 1 ☐ Yas 2 No certificate 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica 25. Wes cese referred to medicei examiner? Be 26. Place of Deeth (Check only one) 1 Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Deta of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Tima of 28c. Injury et Work? 28d. Dascribe how injury occurred 5 Pending investigation 1 Naturei 1 ☐ Yes 2 ☐ No 2□ Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 - Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) and menner as stated.

Limited Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, date and place, end due to the cause(s) edicai 29e. Certifler completaly and menner steted. 29b. Signature end title of certified 29c License number 29d. Date signed (Month, Dey, Year) 30. Name end address of pe completed cause of death (Item 23a) (Type, Print) 31. Date filed (Month, Day, Year) 32. Registrar's Si State MAR 2 7 1997

DHMH 16 Rev 6/95

Registrar



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State of Maryland / Department of Health and Mental Hygiene

	-	1. Decedant's Nama (First, Middla, Las	et)					2. Date of De	Reg. No.		3. Tima of Death
Physic			Mary AARO)N				Month	Day	Yaar OO7	
/Medi Examir		4a. Facility Nama (If not institution, give	a straat and number)		n Cen		Berlir	MARCH 1	4c. Count	y of Death rceste	12:45 PM
Funeral Director		220 03-3033	ax 7. Aga	(In yrs. last birthda	Months		Undar 24 Hrs. lours Min.	8. Data of Bir (Month, Da 3 / 2 / 1 (th ly, Year)	9. Birthpla Countr	MD
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Heelth are track		Charles R. Jenki	ins, Sr.	ew I	-			City, N			,
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth 3. Time of Death **Physician** Month SHOOSHANIG AVEOIS FAN 1997 MARCH /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MOVIGOMERY Hours Min. 8. Date of Birth (Month, Dey, Year Aug. 27, 1 5. Social Security Number If Under 1 Year 7. Aga (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 10 M 20 F Deys Yrs. Director 1904 038-14-5811 Armenia Usual Residence of Decedent 10a State 10b County 10c. City. Town or Location al', or items 23a or 28a-f show Examiner must be notified at 10d. Inside City Limits Director Md 1 Yes 2 □ No Montgomery Silver Spring 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? 13010 Hathaway Drive 20906 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 MNo If Yes, Give Year or Dates: 14. Race - Amarican Indien, Black, White, etc. 11. Maritel Stetus 13. Was Dacedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Marriad 2 Merried 21215-0020 1 ☐ Yes 2 ☑ No Specify: by Specify: 3 ₩ Widowed 4 Divorced white Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry lith and Mantal Hygiene. 27 is marked other than ", r traumatic event, me Mo: Elementery/Secondary (0-12) College (1-4or 5+) Grade 12 Homemaker Own Home with and Mantal Hve Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Krikor Inglizian Anna Korkmazian 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Haalth a: If Item 27 is Edward D. Onanian / son-in-law 13010 Hathaway Drive Silver Spring, Md. 20906 20b. Placa of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition Mar 17 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State permit. Page Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) North Burial Ground Cem. 1997 Providence, RI 21. Signeture of Funerel Servica Licensae 22. Name end Address of Facility Donaldson Funeral Home, P.A. 313 Talbott Avenue LAurel, Maryland 20707 23a. Part 1. Enter the disease, or comblications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Death Physiclan /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) minul **Examiner** to (or es e consequence of) Examiner If cart Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Box 68760 MYOC 12 Physician/Medical Due to (or es e consequence of) P.0. Pert 11. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No pneumonia 3 ☐ Probably 4 ☐ Unknown Records, by Pg a imbalunc electal y Ti 24b. Wera autopsy findings eveileble prior to completion of causa of deeth? Completed 24e. Was an eutopsy performed? 1 Yas 2/2 No 1 ☐ Yes 2 ☐ No Vital 25. Was case referred to medical Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 12 Inpatient 2 ER/Outpetient 3 DOA of 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Division Attending Naturel 5 Pending Investigation or Attending after death. 1 Yes 2 No 2 Accident filled in by the 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28a. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide within 24 hours a
To the Funeral C
complataly filled Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) and manner stated. Medical 29a. Certifier (Check only one) To the 29b. Signature end title of certified 29c. Licensa number 29d. Data signed (Month, Dey, Year) Nan March 12, 1997 30. Nami and adgress for person who completed cause of death (Item 23e) (Type, Print) es 7

31. Date filed (Month, Day, Year)

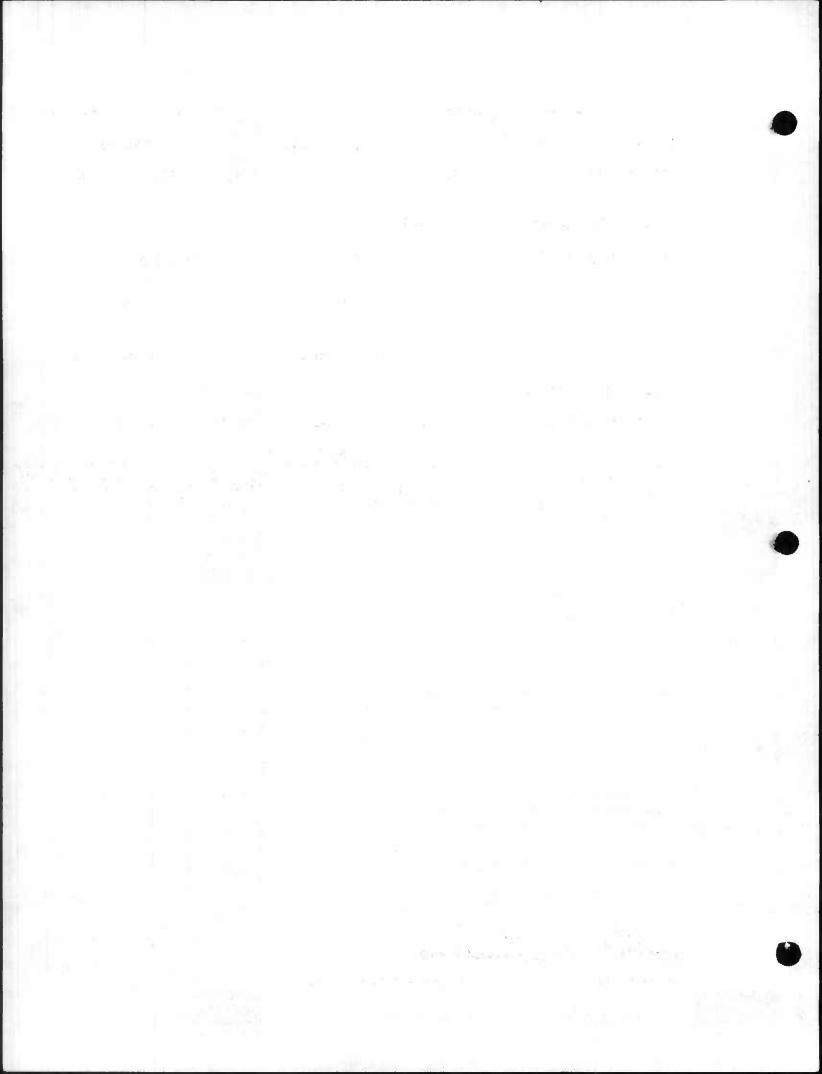
32. Registrer's Signature suit 324 silverspring State 7 1997 Jeli Studen Radel Registrar

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		Decedent's Name (Fir.		·						2. Date of Dea Month	th Day	Yeer	3. Time of Deeth
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notified at	_		County			ty, Town or Lo	ecation					1	0d. Inside City Limit
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To	0	Jessie Fran	klin R	iley					Grace	H. Huyet	t		
umetic ev		19e. Informent's Name/R	elationship (T	ype, Print)		19b. Mailin	ng Address	(Street e	nd Number or R	ural Route Numbe	r, City or Town	n, Stete, Zip	Code)
Department or negating and mental ryg important: If flam 27 is marked other any injury or other traumatic event, once. To Be C		Carroll J.	Andre/	son		14320) Blac	ckmor	Drive.	Rockvil	le. Ma	rvlan	d 20853
	- 1	20a. Method of Disposition	· · · · · · · · · · · · · · · · · · ·		20b. F	Diana of Diana	nition /Alam	20.06			20c. Location		
		1 ₺ Burial 2 □ Cre			9	cametery, cren	netory or of	ther place March	17, 19	97			
		4 □ Donetion 5 □ C			Ga	te or i	neavei	n Cen	necery ;		Silver	Spri	ng, Maryla
		21. Signature of Persons	Service Licens	sed)		22 D -	. Neme en	d Address	of Fecility RC	bert A.	Pumphr	ey Fu	neral Hom
		A M	18.	TON2	. MO	0803 Pc	ockvI.	ile,	Marvilar	00 West M d 20850	ontgom	ery A	venue
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Jalan	1	shock, or heart feilu	re. List only o	one ceuse on eech	line.			, ,					Approximate intervel Between Onset end Deeth
cian dical		Immediate Ceuse (Fine)		Mota	stati	c Color	Can	cor					18 months
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month AUDE MARCH 1997 /Medical 4e. Fecllity Neme (If not institution, give street end number) 4c. County of Death 4b. City, Town, or Location of Death **Examiner** Washington Adventist Hospital Takoma Park MONTGOMERY If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year Feb. 2, 1 5. Social Security Number 9. Birthplace (State or Foreign Country)
Maryland 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1 ☐ M 2 ☑ F 578-34-1038 83 Yrs. Director Usuai Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours effer deeth with the Maryland Depertment of Health and Mental Hygiene. Important: if item 27 is marked other than "nature!, or items 23e or 28a-1 show eny injury or other traumatic event, the Medical Emerican 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 □ No Director Montgomery Takoma Park, 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 221 S. Manor Circle U.S.A. 20912 Completed by Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Year or Dates: Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Black Specify: 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 12th College (1-4or 5+) Private Nurse L.P.N. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Luther Thompson Melernea Keeys 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Harry C. Ambush (Husband) 221 S. Manor Circle, Takoma Park, MD 20912 20b. Place of Disposition (Name of cametery, cremetery or other place)
Parklawn Mem. Park 20a. Method of Disposition Date 20c. Location - City or Town, State 1⊠ Buriel 2 ☐ Cremation 3 ☐ Removal from Stete 3/21/97 Rockville, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name and Address of Facility SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth Physician /Medical Immediate Cause (Final - Schomic disease or condition resulting in death) Examiner Examiner unar To the Hospital or Attanding Physician: The law requires that the deeth certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting In deeth) Last Due to (or as e consequence of) Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 D Unknown Completed by 24b. Were autopsy findings aveilable prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) examiner? 10 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes Certification: 27. Manner of Deeth Date of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 1 Natural 5 Pending 1 Tyes 2 No 2 Accident investigation 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Medical 29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, end due to the cause(s) end manner es stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, end due to the ceuse(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Frauk Gravius 31. Dete filed (Month, Day, Year) 32. Registrer's Signature State Lette Davids

DHMH 16 Ray 6/95

Registrar

MAR 1 9 1997

154 - 235 Total III

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Certific	ate of	Death	R	eg. No.			
Dharatai		1. Decedant's Name (First, Middle, L.	est)					2. Dete of Dee	th	Vees	3. Time of Deat	h
Physici /Medi		SADA	ASADA					MARCH	11,	1997	9:30	P
Examir		4e. Facility Neme (If not institution, gi	ve street and numbar)				4b. City, Town, o	Location of Death	4c. County	y of Deeth		
			E ADVENTIST	HOS			ROCKV	ILLE	MO	ONTGO	MERY	
Funeral Director			Sex 7. Age (In yrs 1		thday) If Un Mont	hs Deys			, 1914	9. Birthple Count JA	ece (State or Fore ry) PAN	ign
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tems terms	Funerai	11. Maritai Stetus	12. Was Decedent Ever in I Armed Forcas?	J,S.	13. Was De if Yes, s	ecedent of specify Cub	Hispenic Origin? (can, Mexican, Pue	Specify Yes or No- rto Rican, atc.)		ce - America		
filed within 72 hours after death with the Maryland Hygiene. ther than "natural" or items 23a or 28a-f show out, the Medical Exeminar must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 🗹 Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ No if Yes, Giva Year or Detes:		1 □ Yes	s 2 <u>M</u> No	Specify:		Specif		IAN	
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d2 shar			DA/DAUGHTER	190.				Rural Route Number	, City or Town	, State, Zip (Code)	
s 1 and 2 of Health item 27 i		FUJIKO KAKEFU 20e. Method of Disposition	20b.		SAME Disposition (ITEM	#10 Dete	20c. Location	- City or Toy	vn Stete	
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permit. Page Department of Important: If any Injury or once.		21. Signeture of Funeral Servica Lies	Month MOO	19 1			ess of Facility	SILVI AL HOMES	ER SPE		MD. 20910	
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fter thundera		27. Manner of Deeth ★□ Naturel 5 □ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Ti	ime of jury	28c. Inju Wo	ry et rk?	28d. Describe ho	w injury occur	red		
Attending or death. ector: After by the fune	cati	2 ☐ Accident Investigation 3 ☐ Sulcide 6 ☐ Could not b			M	1	Yes 2 No					
al or Attending Physics a ster death. I Director: After this ed in by the funeral d	Certification:	4 Homicide determined		ome, feri fy)	m, street, fact	tory, office		28f. Location (St. City or Town	reet and Numb , Stete)	per or Rural	Route Number,	
To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	29a. Certifier 12 Certifying Ph (Check only one)	ysician: To the best of my knoniner: On the basis of exemine and manner steted.	wledge, tion end	deeth occurre Vor Investigeti	ed et the ti ion, In my d	me, dete end plec opinion, death occ	a, end due to the ce urred et the time, de	euse(s) end me ete end pleca,	enner es ste end due to t	ted. the cause(s)	
o thin o the	Me	29b. Signature and little of cartiflar	0			29c. Licens	se number	25	d. Date signe	d (Month, D	lay, Year)	
r s r o		· CX xee	elug			352	229		MARCH	17,	1997	
2		30. Neme end andress of person who	completed cause of deeth (Iter	n 23e) (1	Type, Print)							
9			LDING M.D.		2012	VEIF	RS MILL	RD., WH	IEA TON	, MD	•	
Stat	te	31. Dete filed (Month, Day, Year)	32. Registrer's Sign	eture	30	2 00						

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						icate of	Death		Reg. No.	,	10100
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	/Medi Examiı		4e. Facility Neme (If not institution, give street end number)	THEK			4b. City, Town, or Lo				12003 11111
			William Hill Manor				Eastor	n	Tal	bot	
	Funeral Director		215-44-3803-A 1□M XXF	9 7		Under 1 Year onths Deys		8. Dete of Bird (Month, De			piece (Stete or Foreign ntry)
	and **		Usual Residence of Decedent 10a. Stete 10b. County	10c. City, Town	or Location	on		o un e a	3/1300		Od. Inside City Limits
	he Maryi Sa-f aho	ector	Md. Queen Anne's	Quee	nsto	wn					1 ☐ Yes 2 (No
	ter deeth with the Marylan feme 23a or 28a-f ahow free must be notified at	Funeral Director	353 Hemsley Drive		1	of. Zip Code 216	558		10g. Citizen of	.S.A	
21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Heelth and Mentel Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow my follury or other traumatic event, the Medical Exercites must be notified at abose.	þ	11. Meritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. Wes Decedent E Armed Forces? 1 Yes, Qiver Yeer or Detes:			Decedent of s, specify Cul	Hispenic Origin? (Spoan, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)		ce - Americ ck, White, y: Whi	etc.
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	nd 2 solith ar 27 is r trau		Betty Pusey (Daughter)				y Dr., C				
Baltimore,	of Heelth Item 27 other to		20e. Method of Disposition								
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alti	Departir Departir Importa any inju		21. Signeture of Funerei Service Licentifie	⊥ Mt.	21 On 22. Na	me end Addr	etery sess of Fedility Fe	llows	. Helf	enbe	in &
Ω	SSEES		> Thomas K. Hellowin	-	Ne	wnam	Funeral	Home,	P.A.		
	Physician /Medical		23e. Pert1. Enter the disease, or complications that caused shock, or heart fellure. List only one cause on each lin	the death. Do n	not enter th	e mode of dy	mrock Reing, such es cardiec	or respiretory en	ester,	Md.	Approximete Intervel Between Onset end Deeth
	Examiner		Immediate Cause (Finel disease or condition resulting in death)	sem	re l	// >	Meter	room		1	
	1000	-e-	00.	Due to (or as e o	onsequen	ce of):					400
	uted d ansit	Examiner	b. b.	Die to (or es e c	2000	ວລ ວຽາ:			·	i i	ran
o,	an an riel-tr	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events	70 10 (01 05 0 0	onsequen	JG 01).				į Į	
68760,	ificate be axecuted g physician and as the bunel-transit	edicai	Cause (Diseese or injury the initieted events resulting in deeth) Lest	Due to (or es a c	onsequenc	⇔ of);					
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o	tha d	hysi	Part ft. Other significant conditions contributing to death bu	t not resulting in	the under	ying cause g	iven in Pert I.				the cause of death?
<u>s,</u>	v requires that the death certific been signed by the attending p should be detached for use as	by	averioscenta 17th	NIM	sene		*	10	Yes 2 [™] No	J_Proi	bebly 4 ☐ Unknowi
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Division of Vital	To the Hospital or Attending Physician: within 24 hours after deeth. To the Funeral Director: After this certifical completaly filled in by the funeral director,	Certification:	27. Menner of Deeth 1	y 28b. T	ime of njury	28c. Inju Wo 1 [iry et ork?] Yes 2 □ No	28d. Describe I	now injury occur	rred	
DIVI	al or Atte s after de l Directo	Sertific	3 Sulcide 6 Could not be determined 28e. Piece of Inju building, etc.	ry - At home, fer . (Specify)	m, street,	fectory, office		28f. Location (S City or Tox	Street end Numi vn, Stete)	ber or Rure	el Route Number,
	Hospita 24 hours Funeral letaly fille	edical (29a. Certifier (Check only one) Certifying Physician: To the best of 2 ■ Medicat Examiner: On the basis of end menner stell	exeminetion end	deeth occ	urred et the t getion, in my	ime, dete end plece, opinion, deeth occurr	end due to the ed et the time,	cause(s) and m dete end plece,	enner es si end due to	tated. the cause(s)
	within To the sompl	Me	29b. Signeture end title of pertifier	10	\ /	29c. Licen	se number		29d. Dete signe	d (Month,	Dey, Year)
			· William HW	rod y	JAND)	DE	98715		931	8 9	7
			30. Name and address of person who completed cause of de	eth (Item 234)	Print)	EASTO.	N M	d z	160/	
	Sta Registr		31. Dete tiled (Month, Dey, Year) 32. Registre	r's Signeture	- X	ndo DO		,			

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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Vear **Physician** Emma LaVerne Maxwell Bean 3 AM Feb. 28, 1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Meridian-Corsica Hills Nursing Center Centreville Queen Anne's If Under 1 Yeer
Months Deys If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplace (Stete or Foreign Country) Funeral 1 M NEXT 284-01-0441 Director 79 July 8,1917 Ohio Usuel Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Heelth and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Items 23s or 28s-f show any injury or other traumatic event, the Wedical Examinar must be martined page. 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Anne Arundel 1 Yes 2 No Director Annapolis 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zio Code 1468 Sharps Point Road 21401 U.S.A. Funeral Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 12. Wes Decedent Ever in U,S. 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2√2√No Specify: þ White 3 Widowed 4 □ Divorced Year or Detes: Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Nursing 12 L.P.N. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Henry Wilson Rosensteel Elsie Nieda Held 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Judith McClure-Daughter 1468 Sharps Point Rd., Annapolis, Md. 21401 March 8, 1997 Location - City or Town, Stete 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Buriel 2 Cremetion 3 Removel from Stete Mill Creek Memorial Park Youngstown, Ohio 22. Neme and Address of Facility Fellows, Helfenbein & Newnam Funeral Home, P.A.

106 Shamrock Rd., Chester, Md. 2161

23e. Perf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately approxim Approximete Intervel Between Onset end Deeth **Physician** End Stage Chronic Obstructive Ley & Immediate Cause (Final disease or condition resulting in deeth) /Medical ran Examiner Examine ettending physician end for use es the burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Division of Vital Records, P.O. Box 68760. or Attending Physician: The law requires that the death certificeta be after deeth. Physician/Medical Due to (or es e consequenca of): Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the 2 1 Yas 2 No 3 Probably 4 Unknown Long mass with postobstructie Preum ģ Coronary Artery Disease 24b. Were autopsy tindings evallable prior to completion of cause of deeth? 24e. Wes en eutopsy Completed peed has 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ HO certificate director, Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4 Wursing Home 5 Residence 6 Other (Specify) ٩ 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this 28e. Dete of Injury (Month, Day Year) Certification: 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred artends.

Aret Deeth.

Aret Director: AP Affer 1 Maturel 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, tarm, street, fectory, office building, etc. (Specify) 4 Homicide within 24 hours a To the Funeral D completely filled i 1 Certifying Phyalclan: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and pieca, end due to the cause(s) end menner stated. 29a. Certifier edical (Check only one) within 2 To the F 29b. Signature end title of ceglifier 29d. Date signed (Month, Dey, Year) Mar. 3, 1997 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Russell Schilling, M.D.; 2540 Centreville Rd.; Centreville, Md.21617 31. Dete tiled (Month, Day, Year) 32. Registrer's Signature

Julia Bavidson

DHMH 16 Rav 6/95

State

Registrar

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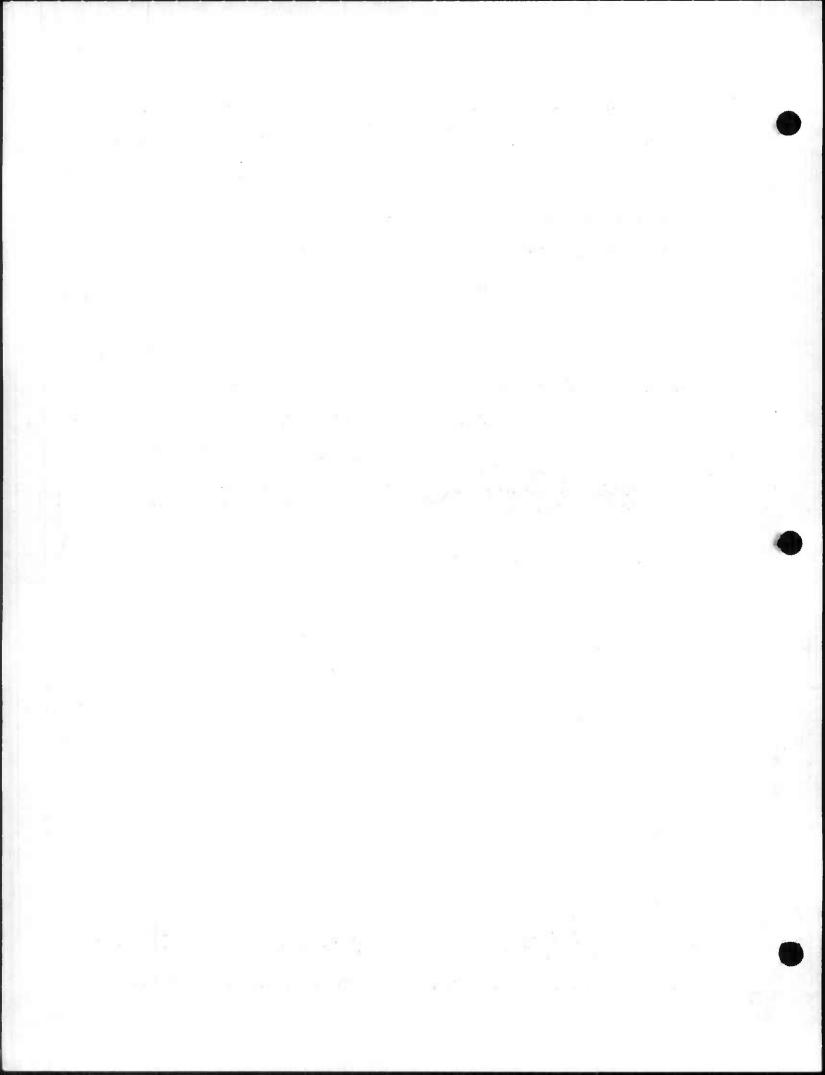
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** WILLIAM HAROLD BUTLER 24, 1997 March 10:00 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner 3047-H October Place Charles Waldorf 5. Social Security Number If Under 1 Year If Under 24 Hrs. 6. Sex 9. Birthplece (State or Foreign Country) 43 WashDC 7. Age (In yrs. last birthday) **Funeral** Deys 1 □ M 2 □ F 53 Yrs. 218-38-5872 Director Apr. 1943 Usuel Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location "natural", or Itams 23a or 28a-f show 10d. Inside City Limits Maryland Charles Waldorf Director 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3047-H October Place 20602 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11 Maritel Status filed within 72 hours efter 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 ☐ ★o Specify: ģ 3 ☐ Widowed 4 ☒ Divorced Specify: Black Completed the Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Heelth end Mental Hygiene. snt: If Item 27 Is marked other than ' ury or other traumetic event, the M Elementery/Secondery (0-12) College (1-4or 5+) Packer Moving Company Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be William Ralph Butler Viola Ruth Pickeral ္က 19e. Intorment's Neme/Relationship (Type, Pnnt) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 9256 Piscataway Road, Clinton, MD 20735 Carolyn E. Calhoun - Niece 20b. Pieca of Disposition (Name of cemetery, cremetory or other piece)
St. Peter's Cemetery 3-31-97 Waldorf, MD 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Department of Important: If any Injury or 22. Name end Address of Fecility
Huntt Funeral Home, Inc. 21. Signeture of Funeral Service Licenses laye Brohawn Mark G. Brohawn M00053 P. O. Box 156, Waldort, 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feilure. List only one cause on each line. Box 156, Waldorf, MD 20604-0156 Approximete Intervel Between Onset end Deeth Physician Immediete Cause (Final diseese or condition resulting in deeth) /Medical Examiner Examiner or Attending Physician: The law requires thet the death certificeta be axecuted bunial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest a (ar es e consequence ot): Division of Vital Records, P.O. Box 68760, Physician/Medicai the Due to (or es e consequenca of): USB as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown þ pege 2 should be 24b. Were eutopsy tindings eveilable prior to completion of cause of deeth? 24a. Was en eutopsy performed? Completed peeu has 1 Tes 2/2 No 1 ☐ Yes 2 ☐ No funeral director. Be 25. Was case reterred to medical examiner? 26. Place of Death (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpetient 3 | DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred After 1 Neturel 5 Pending investigation after death. 1 Yes 2 No 2 Accident 6 Could not be determined Ne Hospital or Attention 24 hours after der Ne Funeral Director pletaly filled in by the 3 Suicide 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca ot înjury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) Medical 1🕱 Certifying Physicien: To the best ot my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. Within 2 To the 29b. Signature end title of certific 29c. License number 29d. Date signed (Month, Dey, Yeer) 30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print) Dr. R. Timothy Pace, 700 Old Line Centre, Waldorf, MD 20602 32. Registra's Signature

Julia Skewison Randall 31. Date filed (Month, Dey, Year)

State

Registrar

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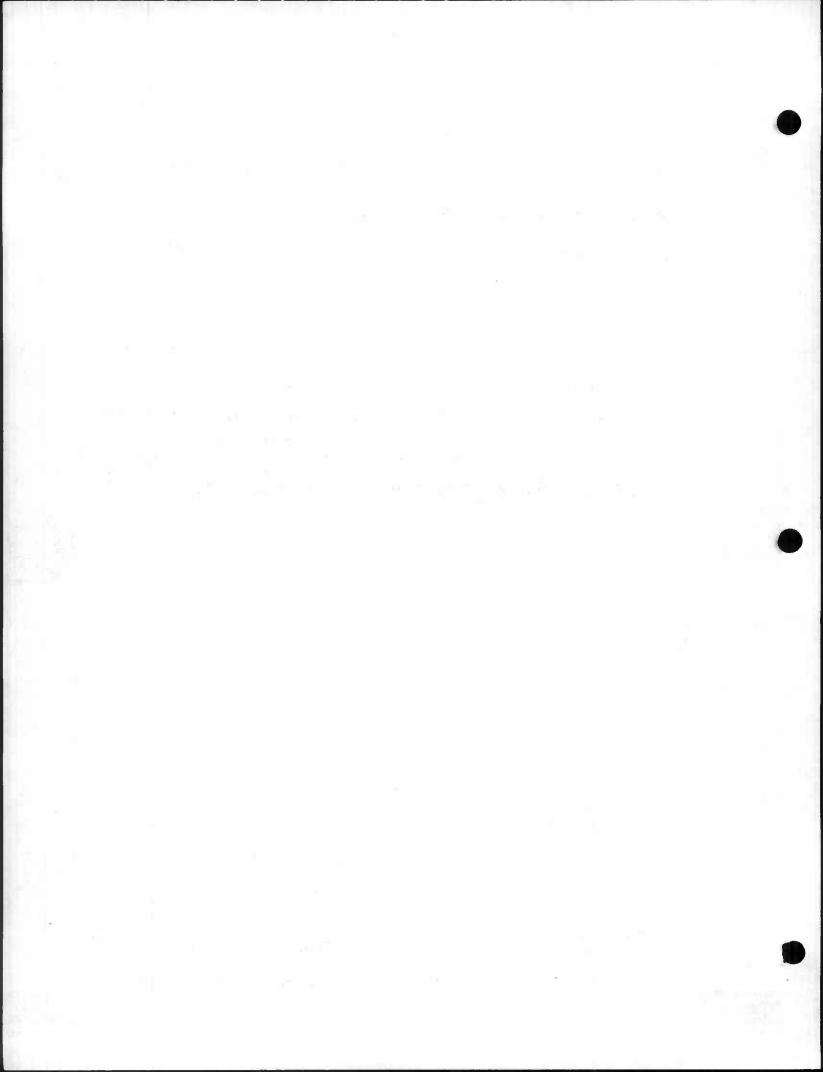


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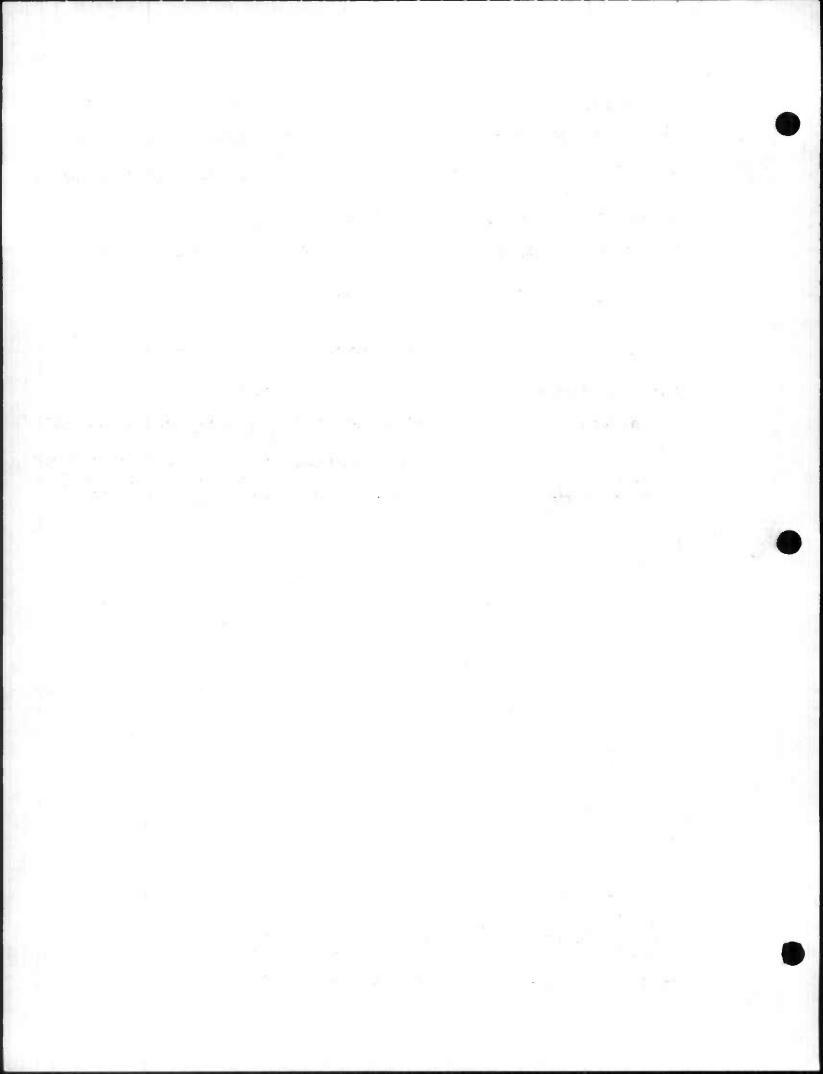
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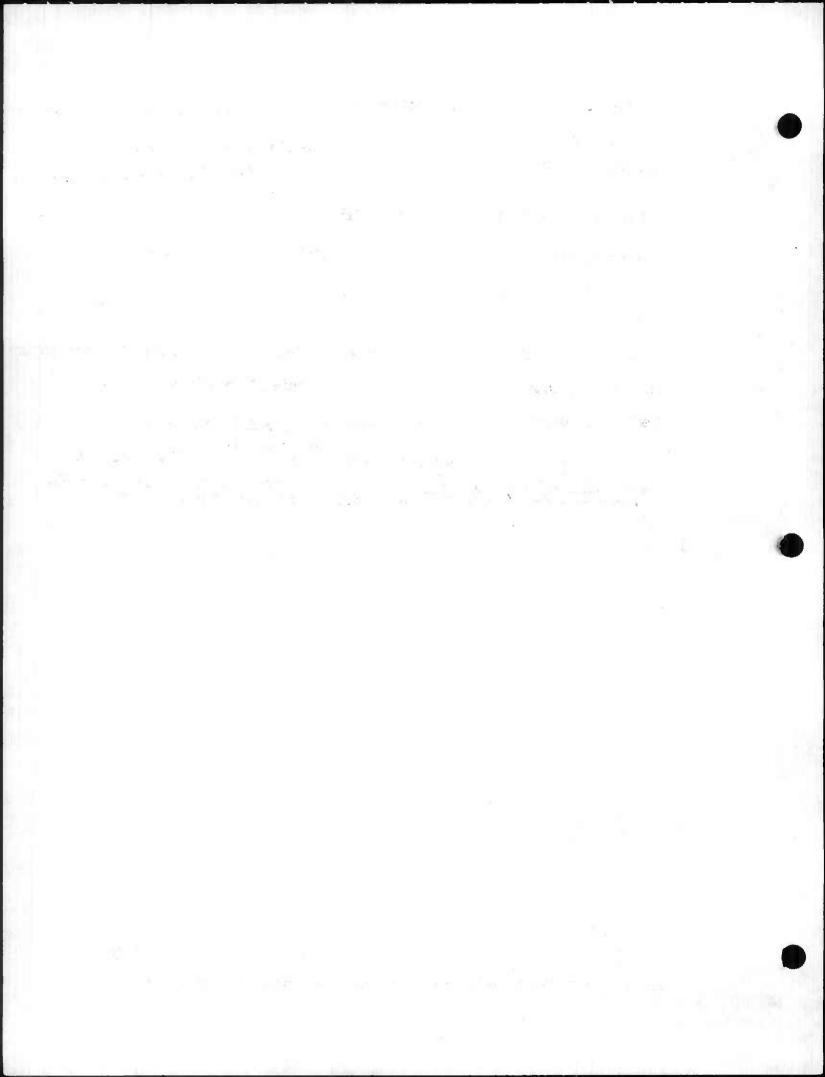
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	/Medi Examir		4a. Facility Nama (If not institution, give	a straat and number)				4b. City, Town, or Lo	cation of Deeth	4c. County	of Death	
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	Funeral Director			M 2□F	50	Yrs.	Months Deys	Hours Min.	8. Data of Birth (Month, Day, Dec 26,			ace (State or Foraign try)
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Maryland 21215-0020	be filed within 72 hours after death with the Maryland tal Hygiena. I other than "natural", or items 23a or 28a-f show event, the Medical Examinar must be notified at	by Funeral	11. Marital Status 1 □ Navar Merrled 2 □ Marrlad 3 □ Widowed 4 ☑ Wrivorced	12. Was Decedant E Armed Forces? 1 X Yas 2 N If Yas, Give Yaar or Datas:			Vas Decedant of H Yas, specify Cube ☐ Yas 2 (X) (o	lispanic Origin? (Spa en, Maxican, Puarto Specify:	cify Yas or No- Rican, atc.)		- Amarica k, Whita, a Wh	
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Baltimore,	permit. Pages 'Department of H Important: If Ita any injury or ot		4 ☐ Donation 5 ☐ Other (Specification 21. Signature of Funeral Sarvice Licer		Mar			Cemetery ss of FacilitLee				Maryland
ă	Den		DA 5.5;±	•				Ferry Ro				
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	Examiner	70	disease or condition resulting in death)	Θ	Dua to (or	as e consaqu		rogen.	Carro			VI
	and transit	Examiner	Sequentially list conditions,	b	ua to (or	r es a consequ	uance of):					
68/60,	e be ex sician e burial	edicai E	Sequentially list conditions, if any, laading to immediata causa. Enter Undarlying Cause (Disaasa or Injury that initieted avants	c	ue to for	as e consequ	unano offi					
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, a	death he atte	Physician/N	Part II. Other significant conditions of	ontributing to death but	not resu	ilting in tha un	darlying causa giv	an in Part I.	23b. Did tol	pacco use con	tribute to	the cause of death?
7. 5.	that the		Cardior	myopa	thy	2			1□ Ye	s 2 No	3 Prob	ably 4 Unknown
cords,	law requires that the death certificate be executed as been signed by the attending physician and 2 2 should be detached for use as the burtal-transit	Completed by		/ /	/				24a. Was ar	eutopsy ned?	com	re autopsy findings ilebia prior to apletion of causa
ב ב	The lav	ошо							1 ☐ Ye	s 20No		aath? Yas 2□ No
N I G	clan: ector, p	Be	25. Was case referred to madical examinar?	Uganital:			011	26. Place of Deeth)		
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	To the Hospital or Attending Physician: The law within 24 bours after death. To the Funeral Director adth. completely filled in by the funeral director, page 2 completely filled in by the funeral director, page 2.	edical	29a. Certifier 1 Certifying Ph	/sician: To the best of lnar: On the basis of a and mennar state	xamınatı	viedge, daath ion and/or Inva	occurred at the tin astigation, in my o	na, data and place, e pinion, daath occurre	nd dua to tha ca d at the tima, da	usa(s) end men ta and piace, a	ner es ste nd due to	eted. the causa(s)
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			· Corg	della)	W		D	02973	>	- 3-	-18	7/.
			30. Name and eddress of person who of Dr. Howell, Penk	orooke Squa	re,	Suite	104, Wal	dorf, Md				
	Sta Registra		31. Data filed (Month, Day, Yeer) MAR 2 6	1997 • Ju	's Signati	ura .	ardall					



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State of Maryland / Department of Health and Mental Hygiene

						Ce	ertificate	e of	Death			Reg. No.		
	Physic /Med		1. Decedent's Neme (First, Middle, Las Frederic	-	nuel	Bat	ten, J	r.			2. Dete of De Month March	Dey 19.19	Yeer 9 7	3. Time of Deeth 6:15
	Exami		4e. Fecility Neme (If not institution, give 2313 Kirby Drive	street end number)						wn, or Lo	ills,		y of Deeth	
	Funeral Director		5. Sociel Security Number 6. Security Number 14	7. Ag	7 4	est birthday Yrs.		1 Year Deys		24 Hrs.	8. Date of Bird Sept. Da	h	9. Birthp	olece (State or Foreign onty) t Virgini
	Maryland 4 show	tor	Usuel Residence of Decedent 10a. State 10b. County Maryland Prince	e George		, Town or I Ter	ocation nple Hi	ills	5					0d. Inside City Limits 1 ☐ Yes 2 🕅 📉
	h with tha	ai Director	10e. Street and Number 2313 Kirby Drive				10f. Zlp (0748			10g. Citizan of United		
020	72 hours efter death with the Maryland "natural", or frems 23a or 28a-f show sideal Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 1 If Yes, Give Yeer or Detes:	Ever in U,S	S. 13	. Wes Decede if Yes, speci		dispenic Origen, Mexican Specify:	gin? (Spo , Puerto	ecify Yes or No Ricen, etc.)		ce - Americ ck, White, y: Whi	etc.
21215-0020	s within jiena. r than	Completed	15. Decedent's Ed (Specify only highest grad Elementery/Secondary (0-12)	ucation de completed) Collega (1-4or 5 2	5+)		edent's Usual e kind of work DO NOT use OCUTEM				ing	16b. Kind of 8		dustry 1 Institutio
Maryland	should be file nd Mental Hy marked othe umatic event	To Be C	17. Fether's Neme (First, Middle, Last) Frederic S. Batt	en, Sr.							(First, Middle, Lizabet			
	alth and 27 is m		19a. Informent's Name/Reletionship (7) Frederic S. Bat								dale, V			Code)
Baltimore,	t. Pegas 1 en rtmant of Haal rtant: If Itam 2		20a. Method of Disposition F□ Buriel 2 □ Cremation 3 □ I 4 □ Donetion 5 □ Other (Specify)		20b. Pl	eca of Disp metery, cre tiona	osition (Nami emetory or oth 1 Memo:	a of her plea ri a.	March 1 Parl	24	,	20c. Location Falls C		
Ball	Depart Depart Import any inj		21. Signature of Funerel Service Ligens	Qa.H	97						Funera ad, Cli			6633 Old 35
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Box	_ 63	Physician/	Pert II. Other significant conditions con	dntributing to death bu	ut not resui	iting In the	underlying cau	usa giv	an in Pert i.		23b. Did t	obacco use co	ntributa to	the cause of death?
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ecord		Completed									24a. Wes o	en eutopsy med?	eve	ere eutopsy findings eilebla prior to mpletion of cause death?
a H	ysician: The lav s cartificata has director, paga 2		or w								1 🗆 Y	es 2 No	10	Yes 2000
of VII	\$ 00	n: To Be	27. Menner of Deeth	fospitel: 1 Inpatie	y :	R/Outpetie		Oth c. Injun	ar: 4□ Nur	sing Hor	me 5 Pasid 28d. Describe h	ence 6 □Oth		1)
Division of Vital Record	To the Hospital or Attending Phy within 24 hours efter death. To the Funeral Director: After this completely filled in by the funeral d	Certification:	1 🖾 Naturel 2 ☐ Accident 3 ☐ Sulcide 4 ☐ Homlcida 5 ☐ Pending Investigation 6 ☐ Could not be determined	(Month, Dey 28e. Placa of Inju- building, etc	ıry - At hon	Injury ne, farm, st	М	1 🗆	k? Yes 2□N	lo		traet end Numb		l Route Number,
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ı	To the within To the comp	Me	29b. Signature and title of Certifier				29c.	License	9 number	31	2	9d. Dete signe	(Month, 1	Dey, Year)
,			30. Neme end eddrass of parson who ∞	ompiated cause of de 1701 Livi				ct V	Vashin	gtor	,MD Su	ite 203	11,	
	Sta Registr		31. Dete filed (Month, Day, Year)	32. Registre	r's Signatu	when h	ardall							



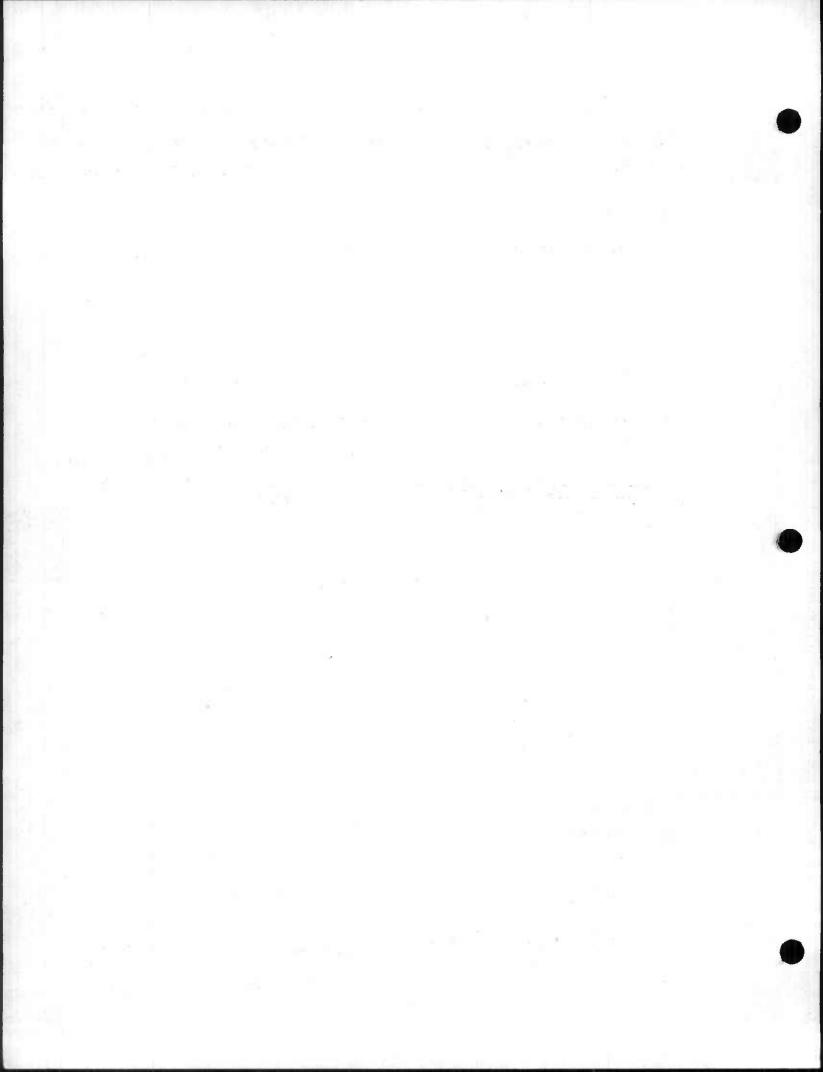
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete oi Deeth 3. Time of Deeth Month **Physician** 9.1997 DOROTKY 05 25 am MARCH /Medical 4a. Fecility Neme (If not institution, give streat end number) 4b. City, Town, or Location oi Deeth 4c. County oi Deeth **Examiner** CHINTON MANJAND PRINCE XOUTHERN GEORGES Il Under 24 Hrs. 8. Deta of Birth (Month, Dev. Year) Nov. 24, 1918 5. Sociel Security Number 577-03-4372 7. Age (In yrs. lest birthdey) 78 Yrs. If Under 1 Year Birthplece (Stete or Foreign Country) **Funeral** Months Days 1□ M 2□XF Washington DC Director Usuel Residence of Decedent with the Maryland 10a. Stata 10b. County 10c. City, Town or Location ir than "natural", or itams 23a or 28a-f show 10d. Inside City Limits Maryland Prince George's 1 ☐ Yes 2 No Funeral Director Suitland 10e. Street end Number 10f. Zin Code 10g. Citizen oi What Country? 3940 Bexley Place Apt#716 20746 U.S.A. death v 12. Was Decedent Ever in U,S. Armad Forcas? or itams Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 11. Maritel Status 14. Race - American Indien. Bleck, White, etc. Pagas 1 and 2 should be filed within 72 hours after of nent of Health and Mental Hyglene.
ant: If Item 27 Is marked other then "natural", or item ury or other treumatic event, the Mexical Examinal 1 ☐ Yes 2 ☑ No
If Yes, Give
Yeer or Detas: 1 Never Marriad 2 Married 21215-0020 1 ☐ Yes 2 No Specify: Completed by White 3KIWidowed 4 □ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Homemaker Home Baltimore, Maryland 17. Fathar's Name (First, Middle, Lest) 18. Mother's Name (First, Middla, Melden Sumeme) Be Rhodie Lee Lovelace Maude (Unknown) 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) Wayne Lee Berry (Son) 20 Gardner Lane Strausburg VA 22657 20e. Method of Disposition
1 ☐ Burial 2 ☐ Crametion 3 ☐ Ramoval irom State 20b. Placa of Disposition (Name of cemetery, crematory or other place) Data 20c. Location - City or Town, Stete March 21, Department of Important: If any injury or Lee Crematory 4 ☐ Donation 5 ☐ Othar (Specify) Clinton, Maryland 1997 21. Signature of Funerei Sarvica Licenses 22. Name and Address of Fecility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, Md 20735 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset end Deeth Physician chroni obstraction /Medical Immediete Ceuse (Final Yen disease or condition resulting in deeth) Examiner Examiner spital or Attending Physician: The law requires that the death certificate be executed ours after dash.

veral Director: After this certificate has been signed by the attending physician and retal Director; After this certificate has been signed by the attending physician and rified in by the funeated director, page 2 should be deteched for use as the bursh-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated avents rasulting in death) Lest Due to (or es a consequence oi): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequenca of): Parona Pert II. Other significent conditions contributing to death but not resulting in the underlying causa given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings avellabla prior to completion of cause of deeth? Completed 24e. Wes an eutopsy performad? 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Plece of Death (Check only one) Hospitel: 1 ☐-finpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 28e. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Neturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicida 28i. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28a. Pleca of Injury - At home, larm, street, factory, offica building, etc. (Specify) 4 ☐ Homicide 24 hours a Medicai 29a. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signatura and titia of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) mn 1) 25640 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 20032 outhern Ane, Washington KhOSLOW 32. Registrar's Signeture DAVack 31. Dete filed (Month, Dey, Year) State

Julia Stevelson Reveall

Registrar



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State of Maryland / Department of Health and Mental Hygiene

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	Certificate of Death Reg. No.											
Physician /Medicai		1. Decedant's Nama (First, Middla, Last	INSON E	Brown	JR M.D)		2. Data of Da Month	ath Day	Yaar 1997	3. Time of Death 2 3: 35	
Exam		4a. Facility Nema (If not institution, giva THE JOHNS HOPKINS				4t		CITY	4c. Count	y of Death		
Funera Directo		5. Social Sacurity Number 6. Sa 111-20-8693 15 Usual Residanca of Dacedent	X 7. Ag	7. Age (In yrs. last birthday) Yrs. 7. Age (In yrs. last birthday) Yrs. Months Days			Hours Min.	8. Date of Bir (Month, Da MAR 4				
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		10e. Straat and Number 1818 CAPE HORN RO			10f. Zip		21074			SA		
	by Fund	11. Maritel Status 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedant Armed Forcas? 1 Taylas 2 If Yes, Giva Yaar or Dates:	7	13. Was Deced If Yas, spec		panic Origin? (Sp , Maxican, Puerto Specify:	ecify Yes or No Rican, atc.)	Specil	ce - Amaric ack, White, fy: WH]		
	Completed	15. Dacadant's Education (Spacify only highest grada complated) Elementary/Sacondary (0-12) Collage (1-4or 5+)			16a. Dacedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) DOCTOR				16b. Kind of Businass/Industry BALTIMORE GAS AND ELECTRIC			
	Be	17. Fethar's Nama (First, Middla, Last) HERBERT R. BROWN					lama (First, Middla, Maldan Surname) CLARICE NEWION					
	-	19a. Informent's Name/Relationship (7)		9b. Mailing Addrass		nd Number or Run	al Routa Numb	er, City or Town		Coda)		
		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ F	Ramoval from State	20b. Placa cema	of Disposition (Nam tary, cramatory or of	ne of thar place)	Data	20c. Location	- City or To		
permit. Pag Depertment Important: I any Injury o		4 □ Donation 5 □ Othar (Specify) 21. Signature of Finepai Service Licens	CARI	ARROLL CREMATIONS 3/22 HAMPSTEAD, MAI 22. Nama and Addrass of Facility ELINE FUNERAL HOME 934 S MAIN ST, HAMPSTEAD, MD 21074						MARYLAND		
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Registrar

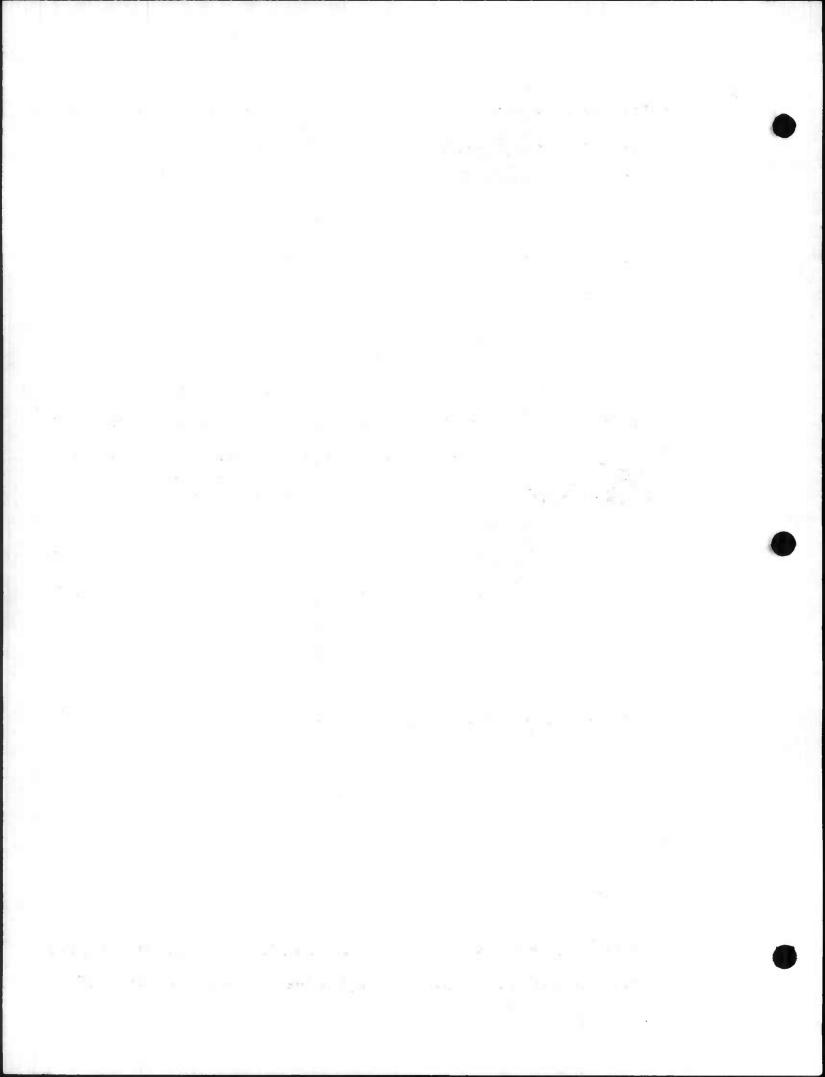
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State of Maryland / Department of Health and Mental Hygiene

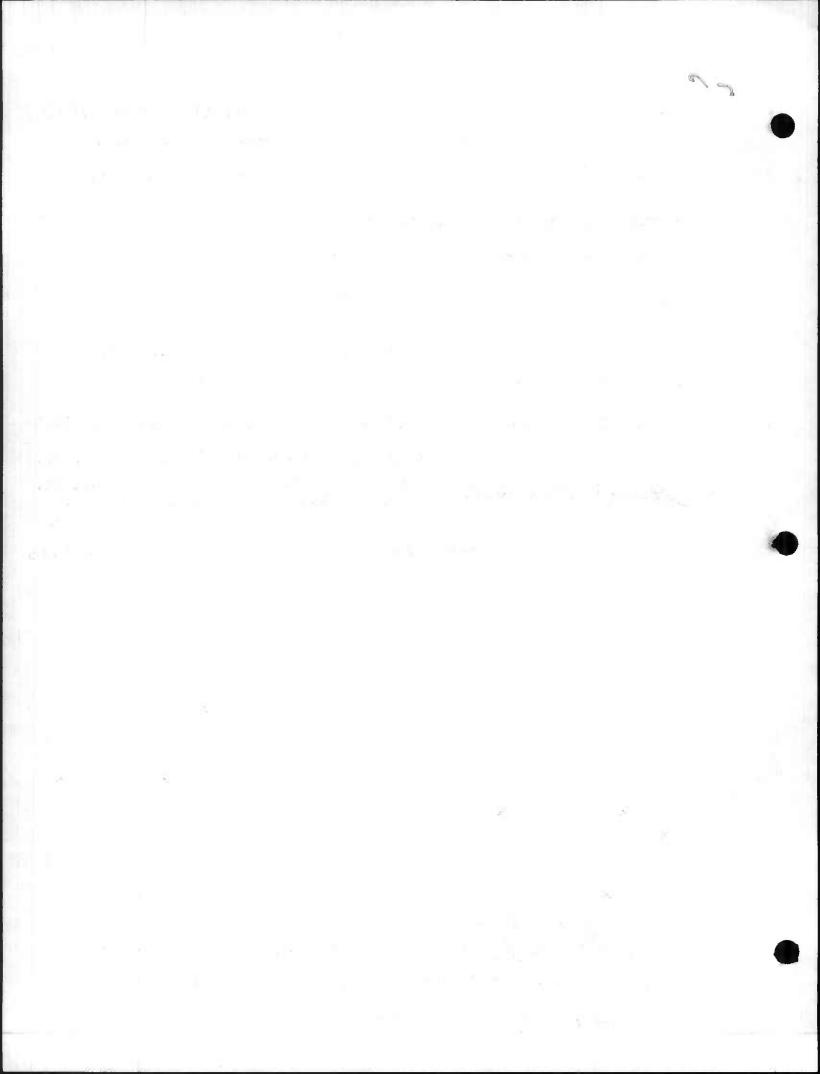
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		Laurelwood Nu	rsing Cer	nter		E1k1	ton	С	ecil	
Funera		5. Sociel Security Number 6.	Sax 7. Ag	e (In yrs. last bii	thday) If Undar Yrs. Months		Min. 8. Date of Bir (Month, Da	th y, Year)	9. Birthplaca (Stata or Foreign
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yland		10a. Stete 10b. County		10c. City, Tow	n or Location				10d. ins	side City Limits
Ma-1 s	ctor	Md. Ce	cil	Che	esapeak	e City			1[Yas 2□No
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Maryland f Haalth and Mental Hygiene. tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examination must be notified at	Funeral Director	10e. Street and Number			10f. Zip	Coda		10g. Citizan of V	Vhat Country?	
ath w	rai	360 Biddle St	-T			2191			.S.A.	
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T ls r		William E. Bro		lusband	360	Biddle 9	or Rural Routa Numb St., Ches	aneake	City.	21915 Md
tem 2		20a. Mathod of Disposition		20b. Plece o	f Disposition (Nam	na of	Dete		City or Town, St	
Department of Haalth a Important: If Item 27 Is any injury or other tra once.		Burial 2 Cremetion 3	Ramoval from Stete	St. Ma	ry, crametory or or or arks Ce	metery	3/26/97	Elver	son, P	a.
intu		21. Signature of Constal Service/Lio				d Addrass of Facility		. Main		
any ir		MAYX	20		Gee Fu	neral Ho	ome Elkto	n, Md.	21921	
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	- 1	MAR 25 1997	Julia Dan	idson-Pan	delle					



State of Maryland / Department of Health and Mental Hygiene

				01010 0111101	Ce	rtificate of	Death		Reg. No.		
ľ	Physic	ian	1. Decedant's Nama (First, Middla, L.	ast)				2. Date of De	ath Day	Yaar	3. Tima of Death
k	/Medi Exami	cal	Clarice (NMN 4a. Facility Nema (If not institution, gi		/		4b. City, Town, or	Marre	19 19 4c. County	97 of Death	11:15 P
7			Washington Co	unty Hospi	ital		Hagerst	own		ingto	n
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	lend ww		Usual Rasidanca of Decedani 10a. State 10b. County	10	Oc. City, Town or L	ocation				100	d. Insida City Limits
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020	within 72 hours effer death with the Maryland iene. 'than "natural", or Items 23s or 28s-f show the Medical Exercites must be invitted at	by Funeral Director	11. Marital Stetus 1 Navar Married 2 Marriad 3 🖾 Widowed 4 Divorced	12. Was Dacadent Eve Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Datas:		Was Dacedant of If Yas, specify Cu 1 ☐ Yas 2 No	Hispenic Origin? (S ben, Mexican, Puar Specify:		14. Rac	e - Americar ck, Whita, at	c.
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Maryland	S da b	To Be		edley			Della	McLuc		ray	
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e, l	l an Heat		Pat Kauffman 20a. Mathod of Disposition	Daughter	1560	06 Nati	onal Pil				
Baltimore,	90		1 X Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci	Jhamovai ironi Stata	20b. Placa of Disponentary, cra Rest I		emetery	3/22/9	7 Hage		
Balt	permit. Peg Department Important: I any injury o		21. Signature of Funeral Service Lice	unnich	Ge		ass of Facility Minnic	ch 3		Potom	ac St.
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Division	7 th 2	Certification:	3 ☐ Suicida 6 ☐ Could not be determined		- At homa, farm, st Specify)	raat, factory, office		28f. Location (5 City or Tox	Straat and Numb m, State)	er or Rural F	łouta Number,
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	withir To th comp	Me	29b. Signatura and title of cartifian	181		29c. Licer	se number		29d. Data signe	d (Month, Da	ıy, Year)
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			30. Nama and addrass of person who			Print)	· · · · · · · · · · · · · · · · · · ·				
			11110 MEDIC	OR CAMPUS	CHON	SUITE	130 H	HOURS	NW W	1217	1 4
	Sta Registr		31. Dete filad (Month, Dey, Year)	32. Ragistrar's	Signetura	Lat					
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Physician Clyde Leon BROWN MARCH 2330 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Washington County Hospital Hagerstown WASH. CO If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)
Sept. 25,1912 If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Months 1∆ M 2□ F 214010-3987 84 Director Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. fnside City Limits 23a or 28a-f show the Medical Examiner must be notified at Director Maryland Washington Hagerstown 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 18819 Preston Road 21742 U.S.A. Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Items 14. Race - American Indien, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritel Status filed within 72 hours after 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 🔀 Married ŏ Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: Specify: White ò 3 □ Widowed 4 □ Divorced natural Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elamantary/Secondary (0-12) 0-9 permit. Pages 1 end 2 should be filled wi Department of Heelth end Mental Hygien Important: if Item 27 is marked other that any Injury or other traumetic supervisor of minor power plant 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Charles Franklin Brown Grace McKee 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia Brown 2208 Link Road, Silver Spring, Maryland 20905 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a, Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 5 Qther (Specify) Hagerstown Crematory Mar. 23, 1997 Hagerstown, Maryland Minnich Funeral Home 21. Signature of Funeral 22. Name and Addrass of Facility 415 East Wilson Blvd., Hagestown, Maryland 21740 Jame 23a. Part 1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) myocarsia Examiner Due to (or as a consequence of): Examiner arter morry The law requires that the death certificate be executed buriei-transit Sequentially list conditions, if any, laading to immediate cause. Enter Undarlying Causa (Disaase or injury thet initiated events rasulting in death) Last and Due to (or as e consequence of): P.O. Box 68760, physician Physician/Medicai Due to (or as e consequence of): the for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 12 Yes 2 No 3 Probably 4 Unknown signed d be dat Division of Vital Records. ò 24b. Ware autopsy findings eveilable prior to completion of cause of deeth? 24a. Wes an autopsy performed? Completed peeu page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: director. Be 25. Was case raferred to medical examiner? 26. Place of Deeth (Check only one) Hospital: Other: 4 \(\text{Nursing Home} \) 5 \(\text{Residence} \) 6 \(\text{Other} \(\text{(Specify)} \) 1 ☐ Yas 2 ☑ No Certification: To 12 Inpatient 2 ER/Outpetient 3 DOA this funerai 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Aftar 1 Natural
2 Accident 5 Pending investigation death. 1 Yes 2 No efter death Director: 6 Could not be determined 3 Suicide within 24 hours efter de To the Funeral Directo complataly filled in by th 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Placa of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 I Homicida Hospital 24 hours e Certifying Phyaician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the causa(s) and mannar steted. edicai 29a. Certifier (Check only one) To the vithin 2 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number 032518 30. Name and addrass of person who complated cause of death (Item 23e) (Type, Print) Keelysville und R.S. Guedene 100

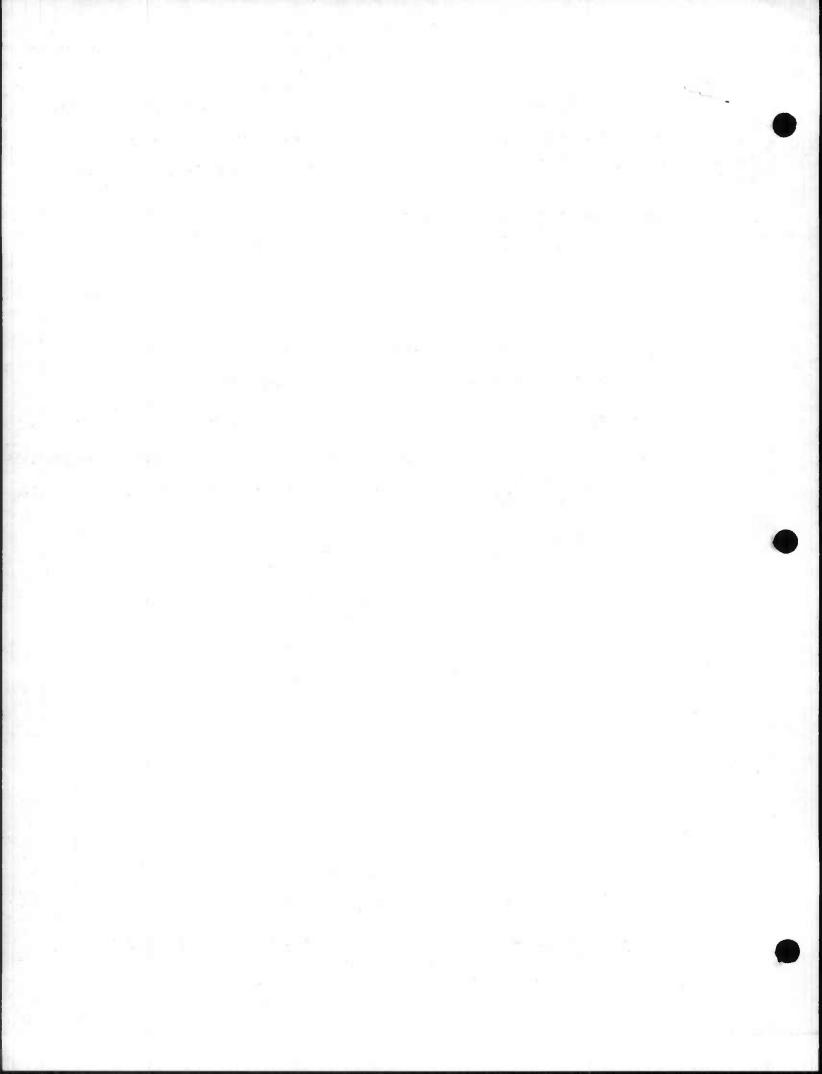
Jane

32 Registrar's Signature

Registrar DHMH 16 Rev 6/95

State

31. Date filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Month 15 AW Hannah Burkholder March 24 1997 /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Hagerstown

If Under 1 Year If Under 24 Hrs.
Months Days Hours Min.

Min.
August 11, 1 12440 Burkholder Lane Washington 5. Social Security Number 9. Birthplece (Stete or Foreign Country)
Mary land 7. Age (In yrs. lest birthday) **Funeral** 1 □ M 2 🕱 F 217-80-9045 96 Yrs Director Usuel Residence of Deceden with the Maryland 10e. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, if a Madical Examinal must be notilled at 10d. Inside City Limits MD. Washington Hagerstown 1 ☐ Yes 2 🗚 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 12402 Burkholder Lane 21740 U.S.A. Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No if Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-it Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. permit. Pages 1 end 2 should be filed within 72 hours after to Deportment of Heelth and Mentel Hygiene. Importent: If Item 27 is merked other than "natural", or ites any injury or other traumetic event, the Medical Examinat 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🕅 No White þ 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Home 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Levi H. Martin Emma B. Eshleman 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Chester D. Burkholder 12440 Burkholder Lane Hagerstown, Md. 21740 20b. Plece of Disposition (Neme of Millers Mennonite Church 3/27/97 Cemetery 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ■ Burlei 2 □ Cremation 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) Leitersburg, Md. 22 Name and Address of Facility Zimmerman And Son Funeral Home Inc. 21. Signeture of Funerel Service Licenses Greencastle, Pa. 17225 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervei Between Onaet end Deeth Physician /Medical immediete Ceuse (Finel diseese or condition resulting in deeth) Examiner Examiner ettending physician and for use as the bunel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of) signed by the etter Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? pertensm 1 Yes 2 No 3 □ Probably 4 □ Unknown þ 24b. Were autopsy tindings eveileble prior to completion of cause of death? should I Completed 24e. Wes an eutopsy performed? hes 1 Yes 1 ☐ Yes 2 ☐ No I or Attending Physician: efter death. Director: After this certifica Be 25. Wes case reterred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Residence 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA completely filled in by the funerel 27. Menner of Deeth 28c. injury at Work? 28a. Dete of injury (Month, Dey Year) 28d. Describe how Injury occurred Certification: 28b. Time of 1 Weturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, term, street, tectory, office bullding, etc. (Specify) 4 - Homicide To the Hospital o within 24 hours of To the Funeral Di 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) and manner es stated. Medical 2 Medical Examiner: On the best of my knowledge, death occurred at the limite, determiner of the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) end menner steted. (Check only one) 29b. Signeture end title of certitier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar 31. Date filed (Month, Dey, Year)

32. Registrer's Signeture

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

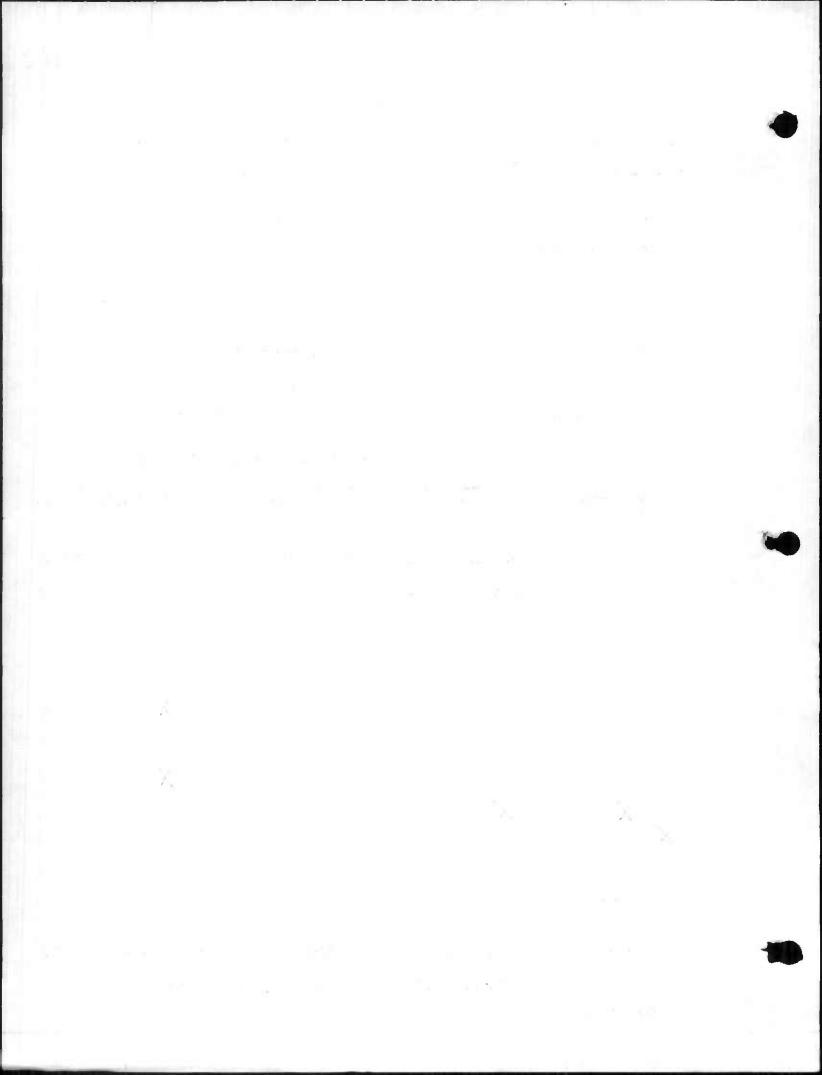
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	pu ,		Usual Residence o			1.0												
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020	eftar or ite	b	11. Marital Status 1 Never Marr 3 □ Widowed	ied 2 Married 4 Divorced	12. Was Dec Armed F 1 Yes If Yes, G Yeer or I	orces? 2 XX No live	in U,S.		Vas Dece f Yes, spe				pecify Yes or Rican, etc.)	No-		ce - Americ ck, White, o	etc.	
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	and 2 sho alth and 1 27 is me		19e. Informent's N VIVIAN	ame/Relationship		CUTOR							DMAN,				Code)	
Baltimore,	permit. Pages 1 and 2 Department of Health 8 Important: If Item 27 is any Injury or other tra		4 Donation	☐ Cremation 3 [5 ☐ Other (Speci	(y)	State		ry, cren	netory or o	other pl		26,	Dete 1997			DMAN,		
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Bo	etten for us	lan																
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Division		Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	286. Place	e of Injury - ting, etc. (S)	At home, fa	irm, stre	et, factor	y, office			28f. Location City or	n (Stree Town, S	t end Numi tete)	ber or Rure	/ Route N	umber,
	ne Hospital or n 24 hours afte ne Funeral Dir pletaty filled in	edical	29a. Certifier (Check only one)	10 Certifying Pt	miner: On the b	e best of my besis of exer nner stated.	knowledge minetion en	, death d/or Inv	occurred estigation	et the t	ime, date er opinion, de	nd plece, eth occur	end due to red et the tir	he caus ne, date	e(s) end m end place,	enner as st end due to	ated. the caus	Θ(s)
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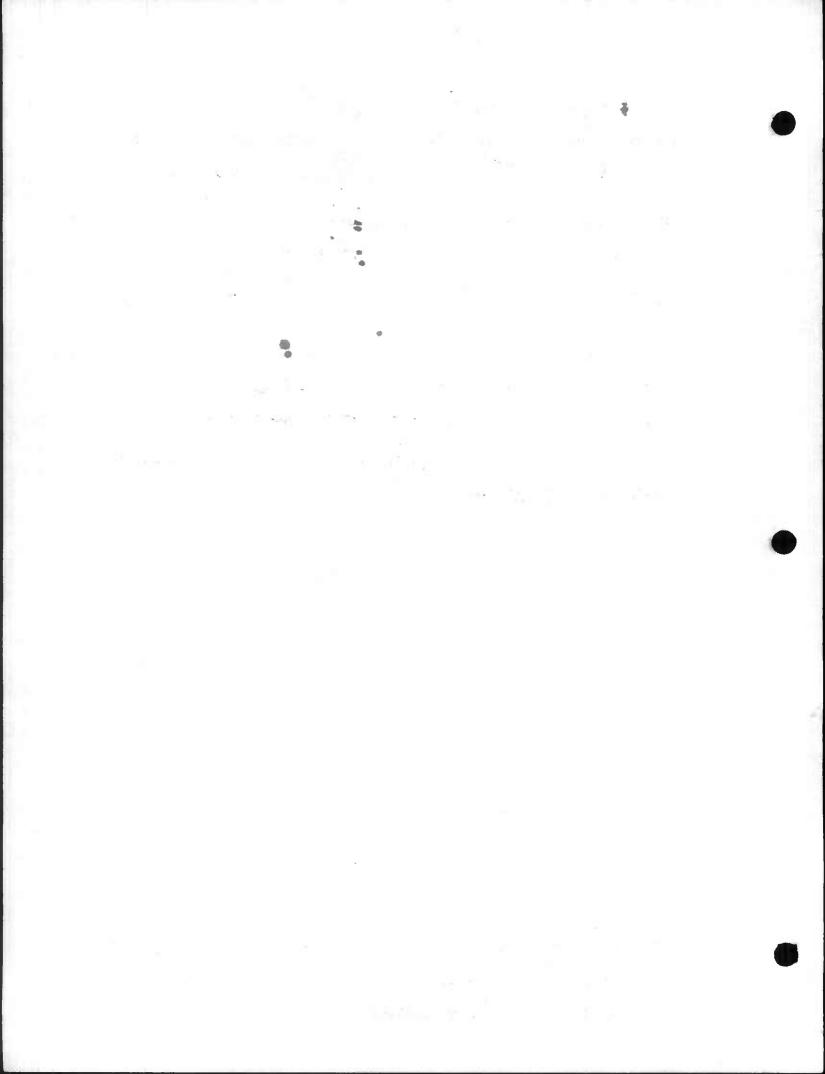
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or 28	Director	10e. Street end Number	11 A					10f. Zip Code				10g. Citizen of	Whet Coun	try?
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E 5	Funeral	11. Merital Status		12. Was Dec	cedent Eve	r in U,S.	13. Was	s Decedent of H	Hispenic Origin	n? (Speci	ify Yes or No-		e - America	
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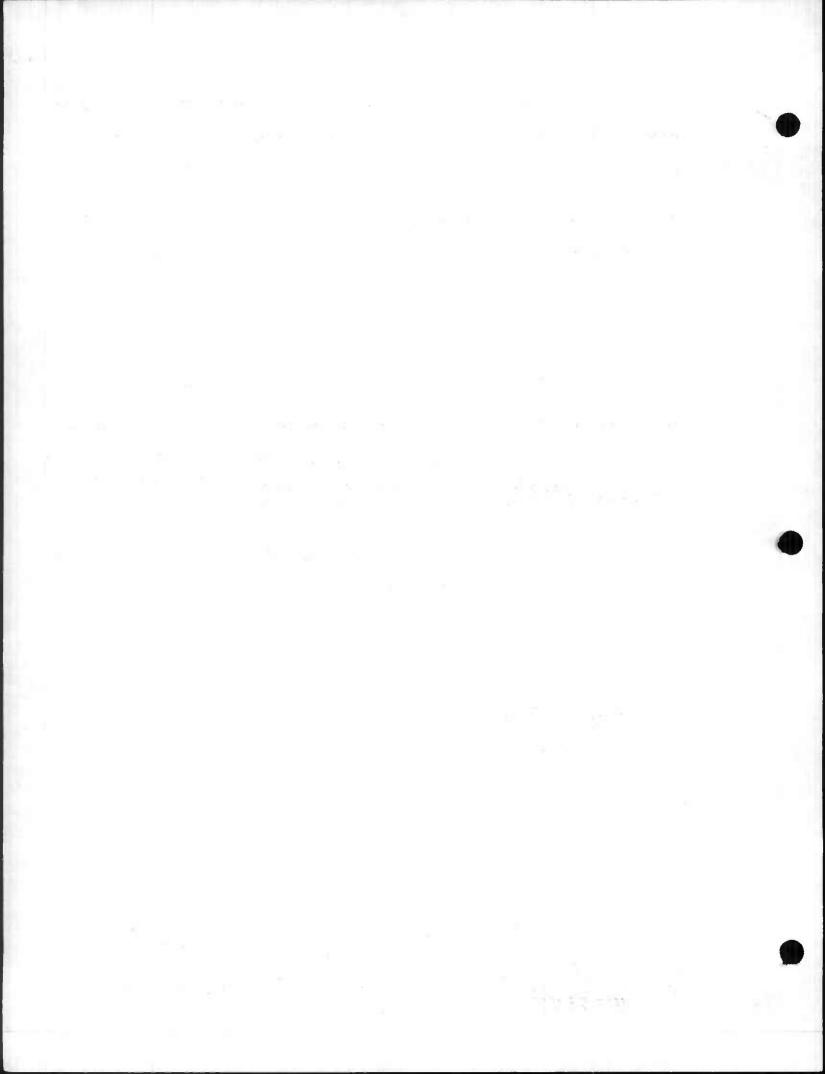
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or: A	cat	2 Accident investigetion 3 Suicide 6 Could not be		M	1	☐ Yes 2☐ No				
irect n by	Certification:	4 Homicide determined	28e. Place of Injury - At he building, etc. (Specify	ome, ferm, street, fa	ctory, offic	×	28f. Location (S City or Town	traet end Numb n, Stete)	er or Rura	l Route Number,
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within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral Madical Cartification:	edicai	(Uneck only 2 Medical Exam)	efcian: To the best of my knowner: On the basis of examinat	wledge, deeth occu tion end/or investig	rred et the etion, In my	time, dete end plec y opinion, deeth occ	e, end due to the c urred et the time, d	euse(s) end ma ete end piece, a	nner es st	eted. the cause(s)
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¥ 2 8		250. Signature and title or certifier				nse number	2	9d. Dete signed		Jey, Year)
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		Chris Snyder 1		about R		Juli 1944	2(8	0)		
State	-	31. Dete filed (Month, Dey, Year)	32. Registrer's Signa	Jean Rad II						
Registrar	r	MAR 2 7 1	99/ Julia d'ave	dear Kardall						

Registrar DHMH 16 Rev 6/95



						Ce	rtificate o	f Death	F	Reg. No.		
	Physic /Medi		1. Dacadant's Nama (First, Middla, Mary	Last) Martha		Ben	nett	K.,	2. Data of Das Month MARCH		3. Time of Do	
	Examir		4a. Facility Nama (If not institution, Sacred Heart Ho	-	bar)			4b. City, Town, or Cumberlan		4c. County of		
	Funeral Director		220-03-7441	6. Sax 7 1 □ M 2 🖾 F	. Aga (In yrs	75 Yrs.	Months Day			, 1921 M	9. Birthplece (State or F Country) aryland	Foraigi
	Meryland a-f show	tor	Usual Rasidance of Decedant 10a. Stata 10b. County Maryland Allega	ny		ity, Town or Lo					10d. Insida City 1⊈ Yas 2	
	ath with the 23a or 28a	ral Director	10e. Street and Numbar 10 N. Liberty St	reet			10f. Zip Code 21502			10g. Citizan of W	hat Country?	
020	n 72 hours after death with the Merylan "natural", or items 23s or 28s-f show idical Examiner must be notified at	by Funeral	Narital Status Navar Married 2 Marrie Widowed 4 Divorced	12. Was Decad Armad Ford 1 Yes 2 If Yas, Giva Yaar or Dat	es? No		Was Dacedant o if Yas, specify Cu 1 ☐ Yes 2 ☑ N	f Hispanlc Orlgin? (Suben, Maxicen, Puart o Specify:	pecify Yas or No- o Rican, etc.)		- Amarican Indian, K, Whita, atc. White	
Maryland 21215-0020	withir ane. than	Completed	15. Decedent' (Spacify only highest Elemantary/Secondary (0-12)	Education grada complatad) College (1-4	for 5+)	(Giva lifa.	dant's Usual Occ kind of work dor DO NOT use reti tender	upetion le during most of wor red)	rking	16b. Kind of Bus		
yland	od ala	To Be C	17. Fathar's Nama (First, Middla, L Edward J.	Moran					na (First, Middla, Jane F	Maidan Sumami o1k	a)	
Baitimore, mar	es 1 and 2 sh of Health and f Item 27 is m r other trsum		19a. Informant's Name/Ralationsh Mary Conner/Da 20a. Method of Disposition 1⊠ Burial 2 □ Cramation 4 □ Donation 5 □ Othar (Spi	ughter 3 □Ramoval from St		528] Place of Dispo	Louisian		Cumber1	and, Mar 20c. Location - 0	Stata, Zip Code) ryland 2150; City or Town, Stata and, Maryla;	
Dail	permit. Pag Department Important: I any Injury o		21. Signatura of Funaral Service L		11.1	4(2. Name and Add 04 Decat		Merri		Funeral H	
2	Physician /Medical Examiner		23a. Parti / Enter the disaasa, or o shock, or haart failure. List o Immediata Cause (Final diseasa or condition resulting in death)	omplications that cau nly ona causa on aad	Dua to (your	der the mode of d	ying, such es cardiac	c or raspiratory and	rest,	Approximete Interval Batwa Onset end Dat	ien iath
98/90,	certificete be executed rding physician end use as the buriel-transit	edical Examiner	Saquantially list conditions, if any, leading to immediate cause. Entar Underlying Causa (Disease or Injury that initiated avents rasulting in death) Last	b		or as a consac	Oclino quanca of):	u.			Soy	
.O. DOX	attend for us	Physician/Me	Part II. Other algnificant condition	d.	th but not ras	sulting in tha u	ndarlying ceuse	given in Part I.	23b. Did to	obacco usa con	tribute to the cause of	death
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DIVISION	After fune	Certification:	1 ØNaturel 5 ☐ Pending 2 Accidant invastiga 3 ☐ Suicida 6 ☐ Could no	tion	Dey Yaar)	28b. Tima o Injury	M 1	☐ Yas 2 ☐ No		ow injury occurre	r or Rural Routa Numbe	0.5
2	tal or A rs after al Dire	Certi	4 ☐ Homicide datarmin	building	, atc. (Speci	(y)	aet, factory, offic		City or Tow		or rioral riodia rioribe.	",
	To the Hospital or Attend within 24 hours after deatl To the Funeral Director: completely filled in by the	edicai	29a. Cartifiar (Check only one) 2 Medical E	Physician: To the be caminar: On the basi and manna	is of axamina	owledga, daath ation and/or In	n occurred et tha vastigation, in my	tima, data and place opinion, daath occu	, and dua to tha c rred at the tima, c	eusa(s) and mar lata and place, a	ner as steted. nd due to tha causa(s)	
	To the To the	Me	29b. Signature and treets certifier	Ar	0	115	29c. Lice	nse number	32 1	29d. Data signed	(Month, Day, Year)	
1	Nis		30. Nama and address of parson w	no complated cause	death (Iter	m 23a) (Type,	Print)	Cumber	dand A	10 21	7) (

DHMH 16 Rev 6/95



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ate of Maryland / Department of Health and Mental Hygiene		0	1	
Cartificate of Dooth				

							C	ert	ificate of	Death			Reg. No.		
ľ	Physici	an	1. Decedent's Neme	(First, Middle, Last,) 1	D						2. Dete of Dee	eth Dey	Yeer	3. Time of Deeth
	/Medi		Kn	Stine	L	Br	ysur	7				Mary	7 /	1997	145 hu
	Examir	ner	4e. Fecility Neme (If n Howard Cou	inty Gene						Colu	mbia	ocation of Deeth	Howa	_	
	Funeral Director		5. Sociel Security Num 213–56–768	30 10	х]м 2 Д F	7. Age (In yrs. 47	lest birthde Yrs		If Under 1 Year Months Deys	if Under Hours	24 Hrs. Min.	8. Dete of Birth (Month, Da Aug 29	1949	9. Birthp Coun Wash	iece (Stete or Foreign itry) ington, DC
	show		Usuei Residence of D 10a. Stete 1	10b. County	-	10c. Ci	ty, Town or	r Loca	ation					1	0d. Inside City Limits
	Ne M	Director		Howard		Lau	ırel								1 ☐ Yes 2 📉 No
	with t	Dir	10e. Street end Numb		7.				10f. Zip Code				10g. Citizen of	Whet Coun	itry?
	me 23	Funeral	9058 Cante		12. Was Dece	dent Ever in U	J,S. 1	3. Wa	20723 as Decedent of F	Hispenic Orl	lgin? (Sp	ecify Yes or No-	USA 14. Ra	ce - Americ	en Indien,
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mertal Hygiene. It has 27 is marked other than "natural", or Items 23s or 28s-f show other traumatic event, the Macinal Examinations to notified a	by	1 Never Married		Armed For 1 Yes If Yes, Give Year or De	2 (Ž) No e		it Y	Yes, specify Cub ☐ Yes 2 No	en, Mexicar Specify:	n, Puerto	Rican, etc.)	Ble	ck, White, of White	
5-0	72 h	Completed		5. Decedent's Edu only highest grade			18a. De	cede	nt's Usuei Occup ind of work done O NOT use retire	etion during mos	t of work	ing	16b. Kind of E	usiness/inc	dustry
121	within ene.	Idm	Elementery/Second Grade 12	lery (0-12)	College (1	-4or 5+)				d)		2.5	Theura	naa C	ompany
	filed with Hygiene. other than	ပိ	17. Fether's Neme (Fi	irst, Middle, Last)			Seci	Let	ary	18. Mothe	er's Neme	e (First, Middle,			Oliparry
Maryland	ould be I Mental I mrked o	To Be	Donald Fre									h Sutto		,	
ary	2 shou and N le mer	-	19e. Informent's Nem	e/Reletionship (Ty	pe, Print)		19b. M	eiling	Address (Street	end Number	er or Run	al Route Numbe	er, City or Town	, Stete, Zip	Code)
	s 1 and 2 if Haalth a Item 27 le other tra		Robert Bry	rson	S	oouse	905	58	Canterb	ury R	idin	g, Laur	el, Mar	yland	20723
ore			20e. Method of Dispos	sition Cremetion 3 □R	lemovel from S		Piece of Dis cemetery, o	sposit creme	tion (Neme of story or other ple	сө)	i	Dete	20c. Location	- City or To	wn, Stete
Baltimore,	tmenitant:		4 ☐ Donetion 5	☐ Other (Specify)			klawr		Cemetery			/10/97	Rockvil	le, M	aryland
Bal	permit. Page Department of Important: If any Injury or		21. Signature of Fune	gal Service Licensu	1/1	/		22. t	Neme end Addre	Fune:	ral 1	Home, P	.A.		
			Addi	they a	Leh	=		31	3 Talbo	tt Av	e. L	aurel,	Marylan	d 207	
			23a. Part1. Enter the shock, or heart t	List only or	cetions that ca ne ceuse on ea	used the dee ech line.	th. Do not	enter	the mode of dyl	ng, such es	cardiec	or respiratory er	rest,	1	Approximete intervel Between Onset end Deeth
	Physician /Medical		Immediate Cause (Fir	nal	1-1,	DOVI	000	00	6.1000	4.					7 /
	Examiner		diseese or condition resulting in deeth)	•		Dunto	~ / / 0	9	haloga ence of):	in					3 days
	D #	iner			Ca	rdiae	and	ار 7	<u>L</u>					1	Sdays
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60,	be ay		Sequentially list condi- if any, leading to imm- cause. Enter Underly Cause (Disease or injuted tinitiated events	ring jury)ei	ere T	anc	res	alitis						1 WK
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Box	h cert	M/UK			1	9 ven	790		10101	04.	nav	iome			
	the ett	Physician	Pert II. Other eignifica	ant conditions con	tributing to dea	ath but not res	sulting In the	e und	lertying ceuse giv	ven in Pert i		23b. Did 1	obacco use co	ontribute to	the cause of death?
s, P.O	requires that the death cer been signed by tha ettandin should be deteched for use	by Phy							· -			10	Yee 2□ No	3 Prot	bably 4 Unknown
Records,	v require been sig should b	Completed I										24e. Wes perfo	en eutopsy med?	eva	ere eutopsy findings alleble prior to mpletion of cause
Rec	has has	dmi							-				. ~		deeth?
Vital			25. Wes cese reterred	to medical						00.01	- 14 B U I I	1 🗆 1		1 L]Yes 2□ No
N.	Physician: this certific ral director,	o Be	exeminer?		lospitei:	patient 2	ER/Outpe	tient	3 DOA Oth	ner:		h <i>(Check only o</i> me 5□ Resid		ner (Snecih	v)
100		T:U	27. Menner of Deeth	5 CID-ration	-	f Injury n, Dey Year)	28b. Time Injur	e of	28c. inju			28d. Describe I			//
Sior	Attending or death.	atio	2 Accident	5 Pending investigation	(INOTE	1, Day 1 oai)	angui	у		Yes 2□	No				
Division	- 5 th 6	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	28e. Place o	ot injury - At h g, etc. (Speci	ome, farm, fy)	stree	et, tactory, office			28f. Location (5 City or Tox		ber or Rura	il Route Number,
	To the Hospital within 24 hours To the Funeral completely filled	edical	29e. Certifier (Check only one)	Certifying Phys	ician: To the basend menn	sis ot examina	owledge, de ation end/or	eth o	occurred at the the stigetion, in my o	me, dete en opinion, dee	d place, th occurr	end due to the red at the time,	ceuse(s) end m dete end plece	enner es st and due to	teted. the ceuse(s)
	To the To the Comp	M	29b. Signeture and titl	e of certifier	4				29c. Licens	se number	,		29d. Dete sign	d (Month,	Dey, Year)
	1) () (r	~UN	Ime	no			Del	761			111000	h 7	,1997
	12		30. Neme and eddress	s ot person who co	mpleted cause	of deeth (iter	n 23e) (Tyr	pe, Pr	nint)	1)	6	1,001	a p	7-1	2/01/
			31. Dete filed (Month,	11/10W	(11)	UI	470/	/	1 www	Ur	U	שפומטי	2 01	ia	404)
	Sta Registr		. Dotte iniou (MOHII),	D 1 0 199	7	gistrer's Sign	or Rea	LU							
DH	IMH 16 Rav 6/9:		MA	IK T n 193	0			4							

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time f Leth March 13, Dey1997 Yeer 2:09 PM Victoria Maria BERTOLUZZI 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Homewood Retirement Center Frederick Frederick 7. Age (In yrs. lest birthday) If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth Sept. 21, 1917 Birthplece (State or Formally) Sept. 21, 1917 Pernsylvania 9. Birthplece (State or Foreign 1□M 21 F Months Deys Hours 79 Yrs Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Pennsylvania Allegheny East McKeesport 1 Yes 2 □ No 10f. Zip Code 10g. Citizen of Whet Country? 436 Madison Street 15035 U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 10 No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Nardei Zampo1 Adele 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 7824 Spouts Spring Road, Frederick, Maryland 21702 Mrs. Cynthia Puhala, Daughter 20b. Plece of Disposition (Neme of cemetery, cremetory or other p 20c. Location - City or Town, Stete Jefferson Memorial Park, March 18, 1997 **Buriel 2 Cremation 3 Removel from State Pleasant Hills, 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility
Keeney and Basford P.A. Funeral Home 106 East Church St., Frederick, Md. 21701 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one caused on each line. Approximete Intervel Between Onset end Death Due to (or es e consequence of) Due to (or es e consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24a. Wes en eutopsy performed? 1 ☐ Yes 26 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? 26. Piece of Death (Check only one) Other: Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Date of Injury (Month, Dey Yeer) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, date end piece, end due to the ceuse(s) end menner as steted.
2 Medical Exeminer: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner steted. 29b. Signeture end title of certifier 29d. Date signed (Month, Dey, Year)

Records, P.O. Box 68760, Division of Vital

/Medical Examiner The law requiras that the daath certificata be executed bunal-transit attanding physician the signed by t cate hes been significant categories categor this certificate Hospital or Attanding Physician: 24 hours after death. Funeral Director: After this certifica stall filled in by the funeral director, t To the Hospital or within 24 hours aft To the Funeral Di completaly filled in

Physician

/Medical

Examiner

Directo

þ

Completed

Be

Physician/Medical Examiner

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Be Completed

Certification: To

edical

Funeral

Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumetic event, the Magical Examiner must be notified at

0

permit. Pege Department of Important: If any injury or

Physician

Peges 1 and 2 should be filled within 72 hours eftar nent of Haalth and Mentai Hygiane. int: If Itam 27 is marked other then "naturel", or ite

Baltimore, Maryland 21215-0020

with the Maryland

death

5. Social Security Number

210-07-5048

10e. Street end Number

12

20e. Method of Disposition

Immediete Ceuse (Finel diseese or condition resulting In death)

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest

1 Yes 2 No

27. Menne of Death

1 Neturel 2 ☐ Accident

3 Suicide

29a. Certifier

4 - Homicide

(Check only one)

John

10a. Stete

State

Registrar

31. Dete filed (Month.)

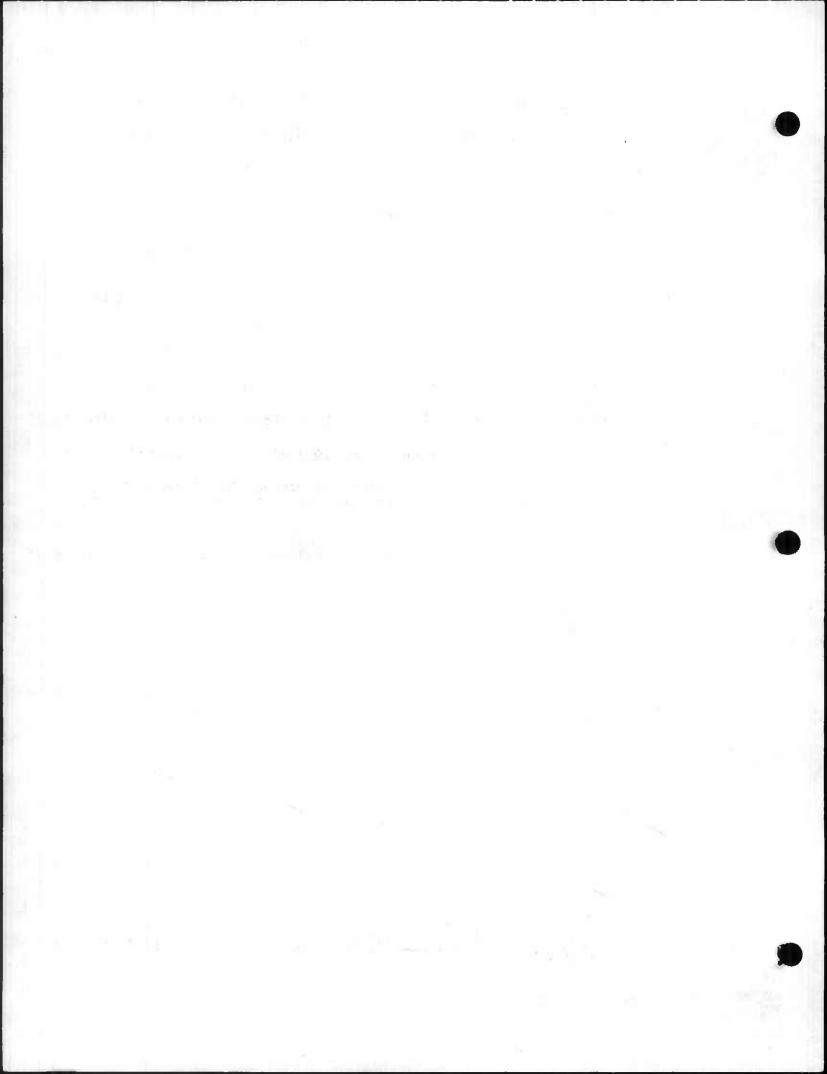
W.9 th 32 Fledstrer's Signature Randa

30 Neme end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

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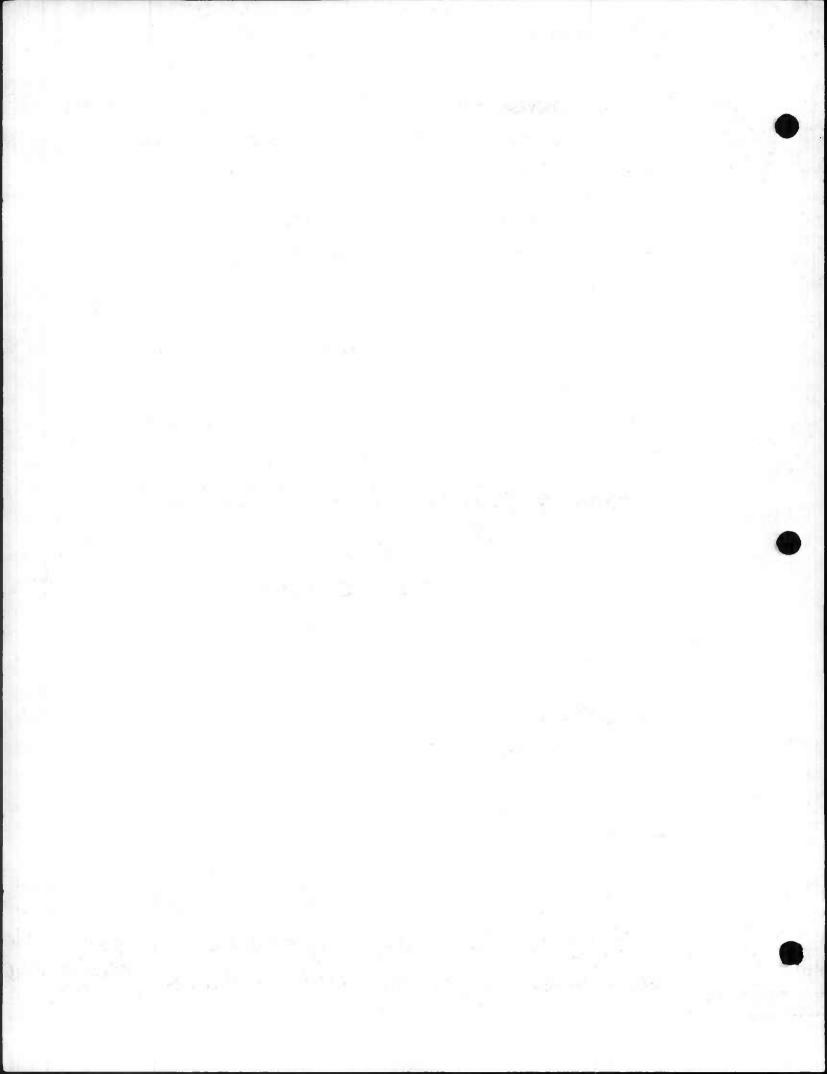
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March 14, 1997



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							tificate of	Death		Reg. No.		
П	Physici	an	1. Decedent's Name (First, M	iddle, Last)					2. Date of Dea		ear	3. Time of Deeth
	/Medic		William Albe						March	12 1	997	7:27 AM
	Examir	ner	4a. Facility Name (If not institu					4b. City, Town, or L				
L			Frederick M		<u> </u>		If I Index 1 Veer	Frederi		Frede		
	Funeral Director	П	5. Social Security Number 212–10–8244	1 ∑ M 2□ F	7. Age (In yrs. 77	last birthday) Yrs.	If Under 1 Year Months Days	Hours Min.	8. Date of Birth (Month, Day Oct. 15	, Year) , 1919		ace (State or Foreign ry) Land
	and w		Usual Residence of Decedent 10a. State 10b. Cou		10c. Ci	ty, Town or Loc	cation				10	Od. Inside City Limits
	Manyl f sho	0	Maryland	Frederick			Fre	ederick				1 ☐ Yes 2 1 No
	the 1	Director	10e. Street and Number	Trederien			10f. Zip Code	delick		10g. Citizen of Who	at Count	
	With Sa or		5630 Craba	nnle Drive			217	703			S.A.	
	me 2	Funeral	11. Marital Status	12. Was Dece	dent Ever in U	J,S. 13. V	Was Decedent of I	Hispanic Orlgin? (Si	pecify Yes or No-			
Maryland 21215-0020	72 hours efter death with the Maryland natural', or items 23a or 28a-f show disea Examiner must be muffied at	by Fur	1 Never Married 2 Nover	Armed For 1 X Yes If Yes, Give Year or Da		l II	f Yes, specify Cub 1 □ Yes 2 🏋 No	an, Mexican, Puert	Rican, etc.)		White, e	nite
0-0	72 hours natural',		15. Dece	dent's Education			ient's Usual Occup	pation		16b, Kind of Busin		
21	c • 9	Completed	Elementary/Secondary (0-1	ghest grade completed) 2) College (1-	-4or 5+)	life. E	nna of work done OO NOT use retire	pation during most of world)			-	
2		Con	10		,	Serv	vice Mana				le D	ealership
nd	8 E 5 V	Be	17. Fether's Neme (First, Mide							Maiden Sumeme)		
Z		10			USSARD	ľ			nnie M.			
Mai	2 0 0		19a. Informant's Name/Relati		fo			and Number or Ru				•
9	Heall Heall Heall Her		Catherine K.	bussaru, wi				e Drive,	Frederi	CK, MD Z 20c. Location - Ci		
Ö	of the		1 X Burial 2 ☐ Crematic		olale		sition (Name of natory or other pla					
Baltimore,			4 ☐ Donation 5 ☐ Other 21. Signature of Funeral Serv		Mo		ivet Cem		.14,199	/ Freder	rick	, Maryland
Ba	Departr Departr Imports any Inju		100	01 h	0	K	keeney &	Basford	P.A. Fun	eral Hom	е	
			22a Part Enter the disease	74 pa		0703 1	.06 East	Church S	treet, F	rederick	, MI	
	Physician		23a. Pert1. Enter the disease shock, or heart failure.	ist only one ceuse on ea	ach l	in. Do not ente	er the mode of dyr	ng, such as cardiac	or respiratory ar	lest,		Approximete Interval Between Onset and Deeth
1	/Medical		Immediate Cause (Final			SIG	09/5					1000
	Examiner		disease or condition resulting in deeth)	8.	Due to /	or as a conseq	mence of):					DAY
	n #	ner			Due (0 (1		MAKE	HOMA				SEVERM
	icete be axecuted physician and s the burial-transit	Examiner	Sequentially list conditions,	b	Due to (or es e conseq		70171				MONTHS
90,	e axe cian a unial-		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	J								
68760,	physic the b	edical	that initiated events resulting in death) Last	0.	Due to (d	or as a consequ	uence of):					
	* D #			d.							i	
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Ö	that tha da ed by tha e deteched	ysic	Part II. Other algnificant cond			_		ven in Pert I.	23b. Did t	obacco use contr	bute to	the cause of death?
٦	as that tigned by		C. 0191	1016 60	47/6	2			101	res 2□No 3	☐ Prob	ably 4 Unknown
rds	S 20 9	d by	A	GCIG CO	0				24a. Was	an autopsy	24b. We	re autopsy findings
000	_ D 00	jete	N-CU7E	70BUGA	RN	16012	0915		perfo	med?	con	ilable prior to apletion of cause leeth?
Be	The law ata has b page 2 s	Completed							1 D Y	es 2 No		Yes 2□ No
of Vital Records,	iclan: The certificata rector, pag	Be C	25. Was case referred to med	ical				26 Place of Dea	th (Check only o			1165 20140
\geq	ling Physician: After this certific funeral director,	To B	examiner? 1 ☐ Yes 2 Æ0No	Hospitel: 1 17 in	patient 2	ER/Outpatien	t 3 DOA Ott	hor		lence 6 Other	(Specify)
	ding Ph h. After th funeral		27. Menner of Death 1 ☑ atural 5 ☐ Per	28a. Date of	f Injury n, Day Year)	28b. Time of Injury	28c. Inju Wo			now Injury occurred		
Division	Attending in death. actor: After by the fune	Certification:	2 ☐ Accident inve	estigation		,,		Yes 2□No				
Ξ	or Attend efter death Director: / d in by the f	Ĕ		uld not be ermined 28e. Place of building	of Injury - At h g, etc. (Specia	ome, farm, stre	eet, factory, office		28f. Location (S City or Tow	Street and Number m, State)	or Rura	Route Number,
Ω	ral D											
	To the Hospital or Att within 24 hours eftar of To the Funeral Direct completely filled in by	edical		fying Phyalcian: To the boat cal Examiner: On the bas	sls of examine							
	the the	Mec	29b. Signature and tale of cert	and mann	er stated.		29c. Licens	se number	T	29d. Date signed (Month I	Day Year)
	₹. <u>₹</u> .₹.8		Bul	W G	Hann	.11	D 250. 2.001	N 371	01	2/	> 1	9
			20 Name and add	NI SI		0001/7	Date()	1) //3	/)//	01	1/
) WYER ME) 8	01 70	ch Hou	ISE AVE	BUDI	5 H-6	ne	DERICK, N
	Sta Registr		31. Date filed (Month, Day, Ye	1 1007 32. Re	gistrar's Signi	edien Ran	dally					,



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth **Physician** Month MARCH 19,1997 REBECCA BERGER 8:05 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** HEBREW HOME OF GREATER WASHINGTON ROCKVILLE MONTGOMERY If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Deys Hours Min. 01725/1908 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** 1□ M 2፟ F Months 89 RUSSIA Yrs. Director 065-07-1242 Usual Residence of Decedent 10e State 10b. County r than "natural", or items 23a or 28a-f ahow the Medical Examiner must be notified at 10c. City. Town or Location 10d. Inside City Limits MD MONTGOMERY **POTOMAC** 1 No Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 11109 SOUTH GLEN ROAD 20854 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 11. Marital Stetus Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours aftar. Department of Haalth and Mental Hygiana. If item 27 is marked other than "natural", or item any injury or other traumatic event. It is marked other than "natural". 1 Never Married 2 XMarried Baltimore, Maryland 21215-0020 Specify: WHITE 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 6 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be 2 **EFRYIAM** NACHUM CHAVA 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 11109 SOUTH GLEN ROAD POTOMAC, MD 20854 IRENE ROSEN / DAUGHTER 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removel from Stete 3/21/97 4 ☐ Donetion 5 ☐ Other (Specify) MT. LEBANON ADELPHI, MD 21. Signatury of uneral Service Literases 22. Name end Address of Fecility IVES-PEARSON FÜNERAL HOMES 472 NORTH WASHINGTON ST FALLS CHURCH, VA 22046 Approximete 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical **Examiner** Due to (or es e consequence of): Examiner berros denotic The law requires that the death cartificate be axecuted for usa as the bunal-trans Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Lest P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): Pert II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 DUnknown our anemy Division of Vital Records, 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? Aftar this cartificata has 1 Yes 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Was case referred to medical exeminer? 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA s after da... 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth Certification: 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Neturel 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homleide To the Hospital o within 24 hours af To the Funeral Di edicai 29a. Certifier 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end plece, end due to the cause(s) end manner steted. (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30 Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) MD 6105 Montrose PM., Pockerille MD

Registrar

State

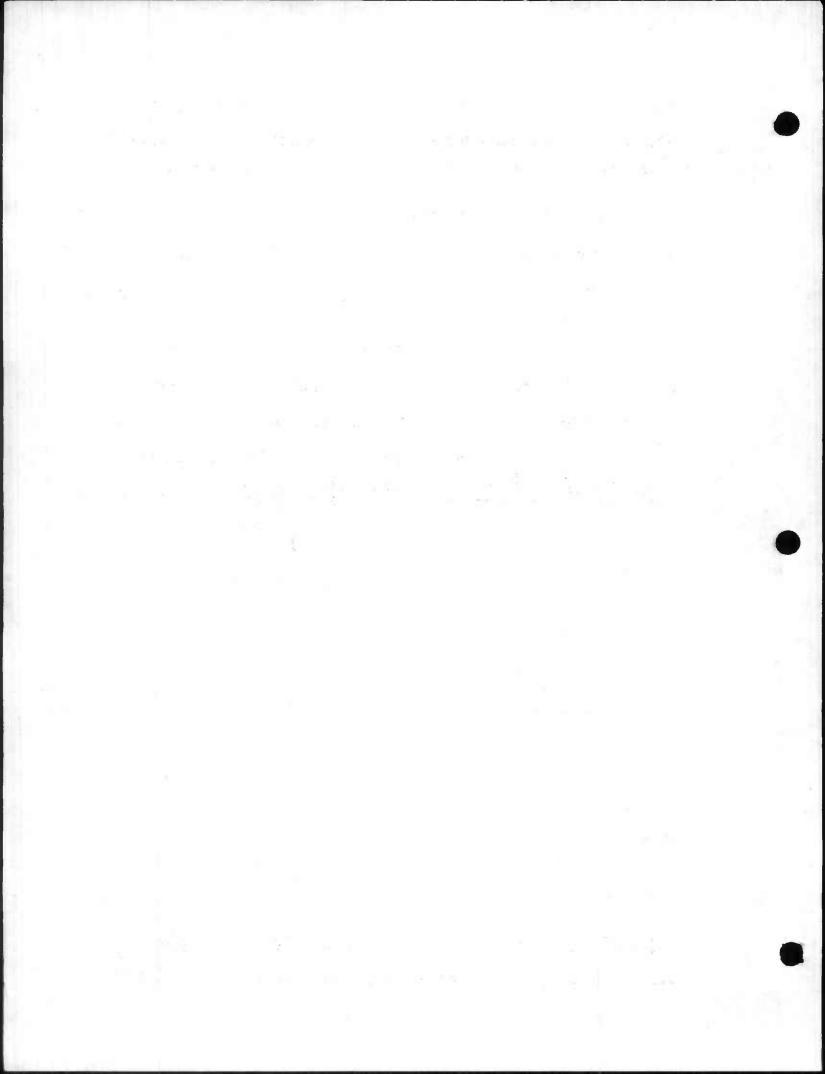
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MAR 2 1 1997 >

32. Registrer's Signature

whie Davidson

31. Dete filed (Month, Day, Year)

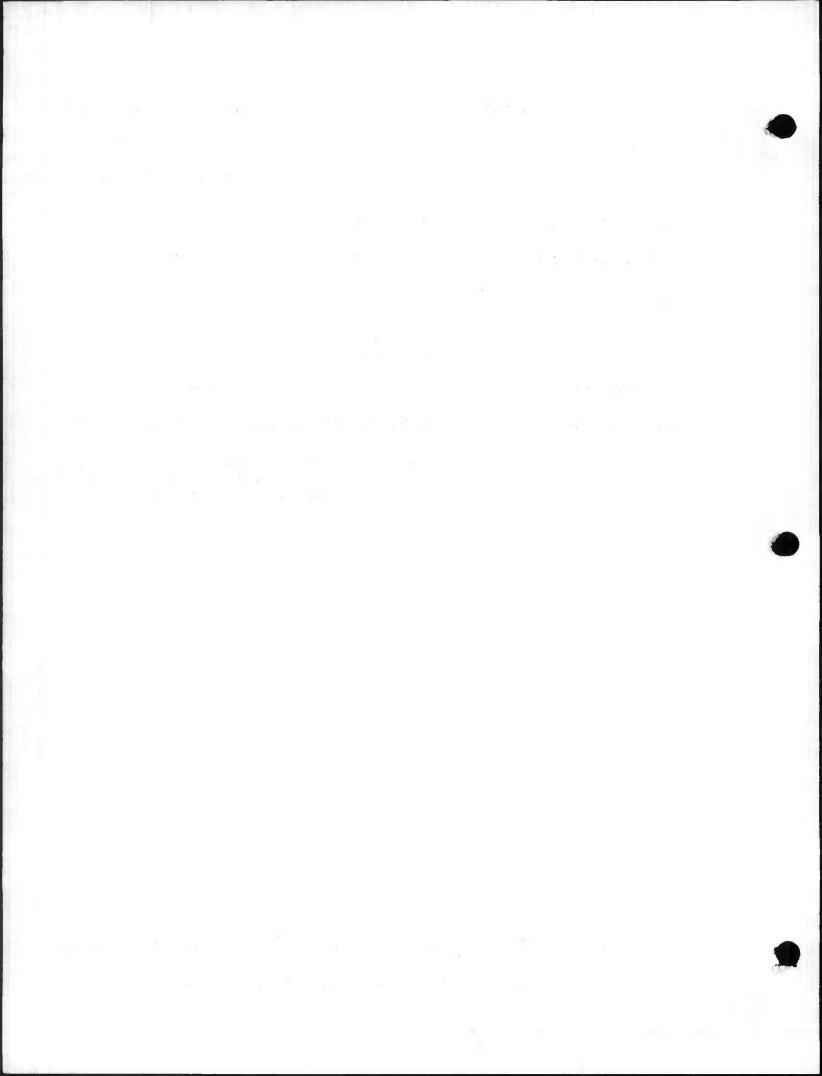


State of Maryland / Department of Health and Mental Hygiene

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L		_	Genesis E					W Dodg	4 9	Silver				tgomery	
L	Funeral Director		5. Social Security Nun 579-18-55 Usual Residence of D	547	Sex 1□ M 2⊠ F	7. Age (In yrs	: last birthdaj Yrs.	Months			Min.	8. Data of Bir (Month, De Jan . 1			plece (State or Foreign ntry) nington, Do
	Mend we			Ob. County		10c. C	ity, Town or I	Location							10d. Inside City Limits
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	h the	Director	10e. Street end Numb					10f. Zip	Code				10g. Citize	n of Whet Cou	ntry?
	h wit	a D	13315 Fox	rhall Dr	ive			209	906				USA		
50	within 72 hours after death with the Merylend Jene. Than "natural", or Nems 23s or 28s-f show The Medical Examiner mant be inclined at	y Funeral	11. Marital Status 1 Nevar Married	I 2 Married		2 🔯 No	U,S. 13	Wes Daced		Hispenic Origin Dan, Mexican, I Specify:	n? (Spec Puerto R	cify Yes or No lican, atc.)		. Race - Ameri Bleck, White,	
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	Hys art,		12 17. Fether's Neme (Fi	rst. Middla, Last	·)		ноше	Maker		18 Mother's	s Nama	(First, Middle			
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Baltimore,	ages ant of t: # h		1 2 Buriel 2 □ 6 4 □ Donetion 5			State					- 1	/17/07			
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Box	n cert andin use	J. C.			d										
-	the attendin hed for use 13/97	Physician/M	Pert II. Other significe	nt conditione o	ontributing to de	eth but not re	sulting in the	underlying o	euse gi	ven In Pert I.		23b. Dld	tobacco us	e contribute t	o the cause of deeth?
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Ś	signed d be de On	by	11,8	130(7)(3		D-cm	~								
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ital		Be C	25. Was cese referred	to medical						26. Plece of	f Deeth	(Check only o	ne)	4	
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0	After this funeral di		27. Mannar of Death		28e. Date		28b. Time		8c. Inju Wo			Bd. Describe			
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vis	of attending is effer death. Director: After is by the funer is Dr. Jr.	tific	3 ☐ Suicide 4 ☐ Homicide	6 Could not b determined	286. Plece	of Injury - At I	nome, ferm, s	treet, factory	, office		28	Bf. Location (S City or Tox	Street and N	Vum <i>ber</i> or Run	el Route Number,
Ö	ital or its effer all Dir	Certification:	1 I Tomicido		Daligi	ig, etc. (Speci	"У)					Ony or ros	wii, Siele/		
	To the Hospital or At within 24 hours effer of To the Funeral Direct completely filled in by eared by D	0	29a. Certifier (Check only one) 2	Certifying Ph Medical Exar	niner: On the ba	best of my kn asis of exeminater stated.	owiedge, dee ation end/or i	th occurred onvestigetion,	et the ti	ime, dete end p opinion, deeth	occurred	nd due to the	ceuse(s) an dete end pl	nd menner es s ace, and due t	steted. o the ceuse(s)
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	C ₁		Mil	human	- 1	. Ni	nala	_ D	145	5 285			Mara	h 13,	1997
	15		30. Name end eddress	of person who	completed caus	e of deeth (Ite	m 23e) (Type	, Print)					-		<u> </u>
			W.J. Ninal		18111 P.				e,	212 Olv	rey,	MD 20	832		
	Sta		31. Date filed (Month,	Day, Year)	32. R	egistrer's Sign	etura								
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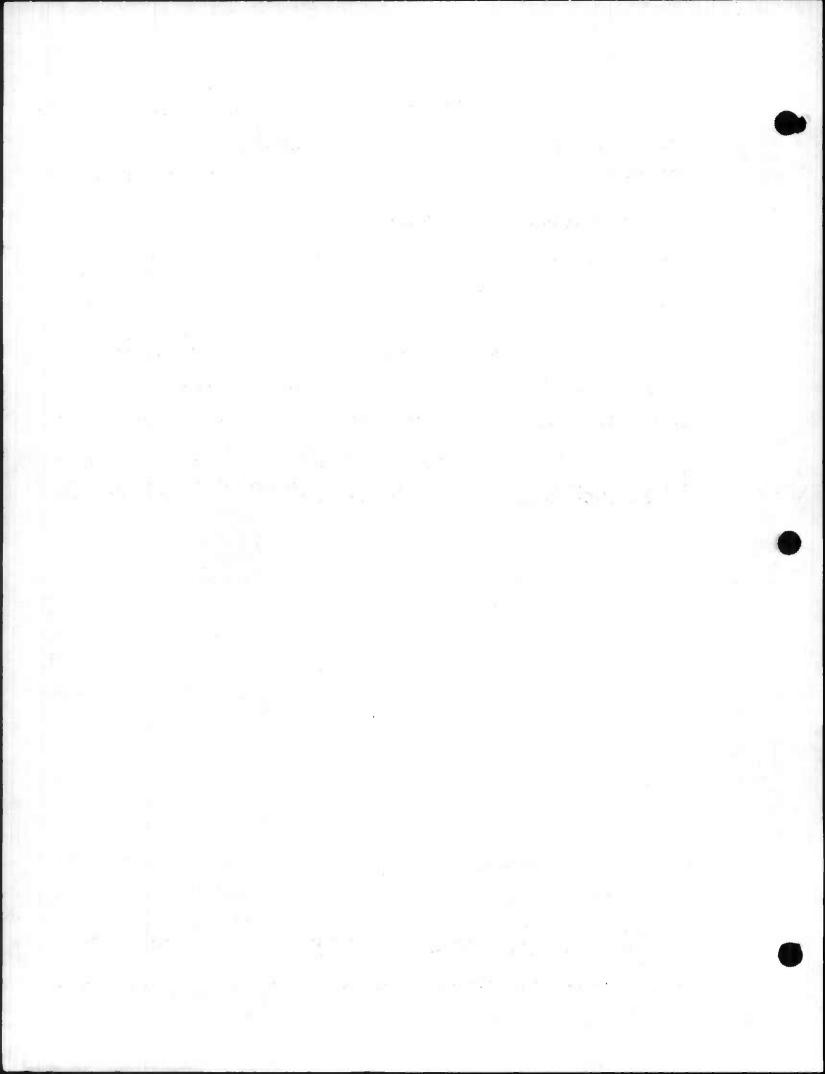
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State of Maryland / Department of Health and Mental Hygiene 9 7

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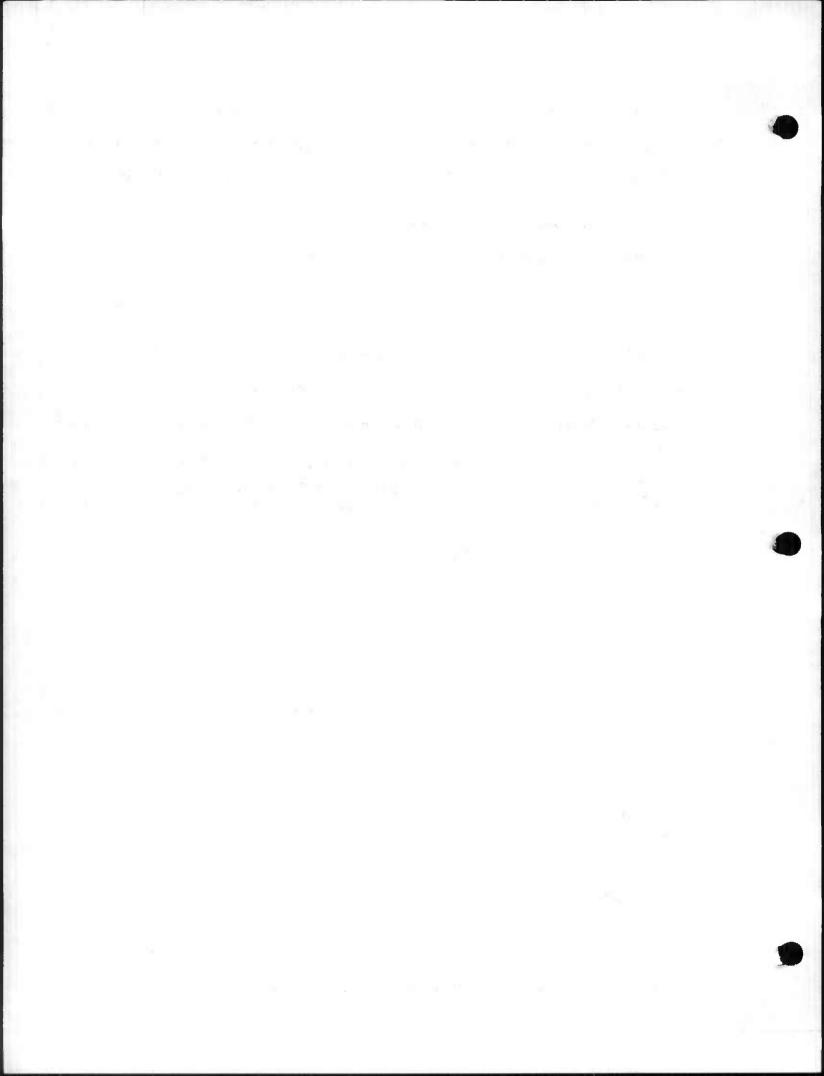
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Ш			Usual Rasidanca of De							June 23	1913	Sout	h Dakota				
	show		10a. Stata 10	b. County		10c. Ci	ty, Town or Lo	cation				10	Dd. Insida City Limit				
	the Maryla 28a-f shon	ō											1 ☐ Yes 2X No				
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٥	d off	Be	17. Fathar's Nama (Firs	it, Middle, Las	st)				18. Mother's Nam	a (First, Middl	Aiddla, Meiden Sumeme)						
<u>X</u>	Men Men arke	P	Saxe P.	Gantz					Gertru	ide Bow	man						
Maryland 21215-0020	s H		19a. Informant's Name	/Relationship	(Type, Print)		19b. Mailir	ng Addrass (Stra	aat and Number or Rui	al Routa Num	outa Number, City or Town, Steta, Zip Coda,						
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Baltimore,	f He item oth		20a. Mathod of Disposit			20b. F	Place of Dispo	sition (Nama of	olece)March 22,	Data	20c. Location	- City or Tov	wn, Stata				
5	age ent o nt: if y or		1 🖾 Bunal 2 □ C 4 □ Donation 5 □			state	amarary, crar	Charanh	March 22,	1997	T7 t d	3/1					
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Da	permit. Pages 1 and 2 should be filed within Department of Health and Martel Hygiene. important: if item 27 is marked other than any Injury or other traumatic event, if an anos.	22. Nama and Addrass of Facility Robert A. Pumphrey Funeral Home/Bether 7557 Wisconsin Avenue, Bethesda, Mary										esda-Chevy Chase, Ind yland 20814-3501					
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68/60,	be e ician bunie		Sequantially list conditi if any, laeding to imma- causa. Entar Underlyin Causa (Disaasa or injui	g y	c	200.000.000											
à	The law requiras that the death certificate be executed ate has been signed by the ettending physician end page 2 should be deteched for use as the bunel-transit	Medical	that initiated events rasulting in death) Last			Due to (o	r as a conseq	uance of):									
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	he ed fe	Sic	Pert II. Other significan	t conditions	contributing to dea	ath but not ras	ulting in tha u	ndarlying causa	given in Part I.	23b. Did tobacco use contribute to the cause of deat							
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			30. Name and eddrass of										00515				
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State of Maryland / Department of Health and Mental Hygiene

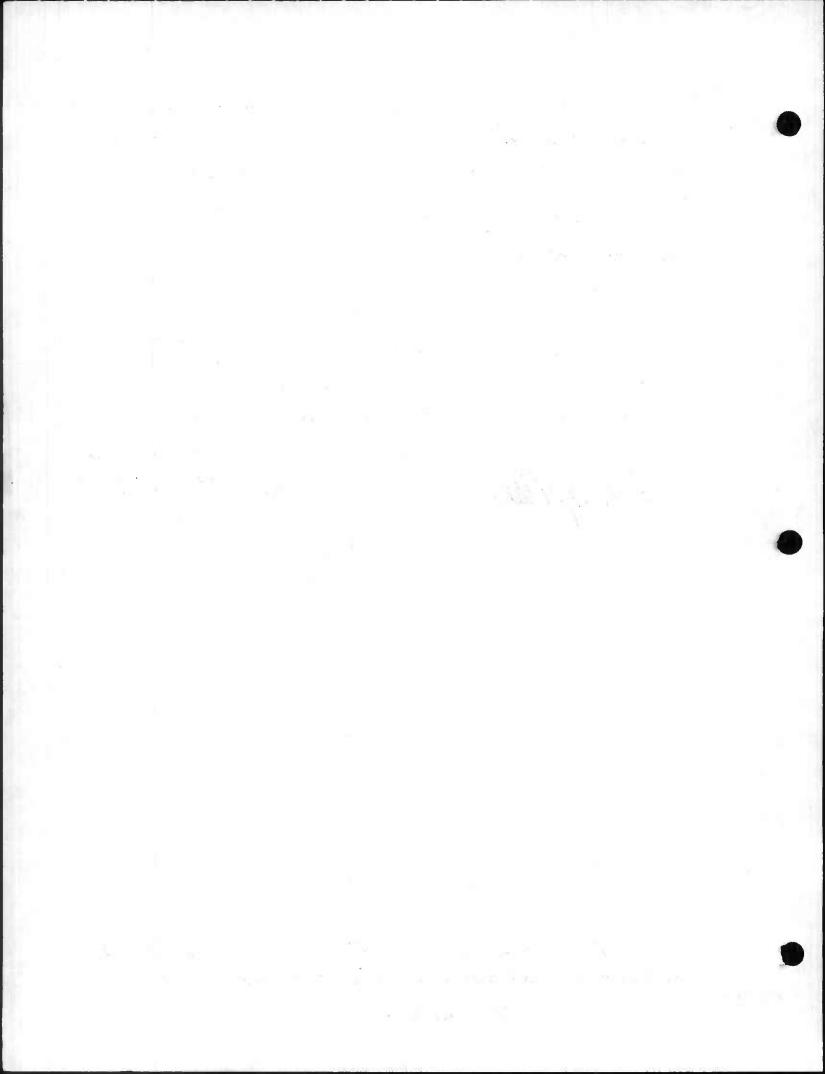
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20	within 72 hours after ena. than "naturel", or Ite	by F	3 ☐ Widowed		If Yes, G	2 X No ive		1□ Yes 2	No.	Specify	:			Specify				
Maryland 21215-0020	n 72 hours	P		15. Decedent's		Julu3.	16e De	cedent's Usual	Occur	netion			16h	Kind of B	Whi			
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	To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Diractor: After this cardificate ha completely filled in by the funeral diractor, page	edical	(Check only one)	2 ☐ Medical E	Phyelclen: To the kaminer: On the b	e best of my kn easis of examin nner steted.	owledge, de eti <i>on</i> and/or	investigation, i	the tir	ne, dete er pinl <i>on</i> , des	nd plece, o eth occurr	end due to the ed et the time,	dete e	s) end me nd pleca,	enner es s end dua t	teled. o fhe ceuse	(s)	
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						,		Cer	tificate of	Death		Reg. N	lo.		10	1 70		
P	Diversity		Decedant's Nama (First, Middle, Last)									2. Date of Deeth 3. Tima						
ı	Physic /Medi		Ekhard	Bre	hme	r		March		ay 1997	Yeer	11:	00 a.m.					
	Exami		4a. Fecility Nema (If not institu	tion, give st	reet end nu	m <i>ber)</i>				4b. City, Town,	or Location of Da			of Deeth	-			
		ci	7700 Glenmore	Sprin	ng Way	7				Bethesda	a	M	lontg	omer	у			
	Funeral Director		5. Social Security Number 578-64-6986	6. Sax	M 2□ F	7. Aga (In 68	yrs. last bir	thdey) Yrs.	If Under 1 Yea Months Deys		Hrs. 8. Date of E (Month, I Feb. 6	Birth Dey, Year	29	9. Birthp Cour Germa		ete or Foreign		
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	ne Maryle 8a-f sho	ai Director	MD Mont	thesc		ation							da City Limits Yas 2□No					
21215-0020	ath with the 23s or 2		7700 Glenmore Spring Way						10f. Zip Coda 20817			10g. C Geri	What Cour	itry?				
	permit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryland Depertment of Health end Mental Hygiene. Important: if item 27 is marked other than "neturet, or items 23a or 28a-f show any Injury or other treumatic event, it a Movical Examinat must be notified a once.	by Funeral	11. Maritel Status 1 □ Navar Marriad 2√2 Marriad 3 □ Widowed 4 □ Divorced		12. Wes Dacedant Ever In L Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yeer or Datas:		In U,S.		/as Decedent of Yas, specify Cul ☐ Yas 2 2 No		? (Specify Yas or î uarto Rican, etc.)	No-		ck, Whita,	merican Indian, hita, atc. white			
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and	be fi	Be	17. Father's Nema (First, Middle Otto Brehmer		18. Mothar's Nama (First, Middle, Meiden Surname)													
3	J Mer J Mer nerke	To									ethe Droy							
, Ma	end 2 sl ealth end n 27 is r		19a. Informant's Name/Ralationship (Type, Print) Ruth Brehmer Wife					19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Co. 7700 Glenmore Spring Way, Bethesda, MD 2081)817			
Baltimore, Maryland	Pages 1 nent of H ant: If Ite		20e. Mathod of Disposition 1 ☐ Buriel 2 ☐ Cramation 3 ☐ Ramoval from St 4 ☐ Donetion 5 ☐ Other (Specify)				b. Placa of Disposition (Neme of cemetery, cremetory or other place) Sount Comfort Crematory				3/18/97	Data 20c. Location - City or Town, Stata 3/18/97 Alexandria, VA						
Balt	permit. Depertrimportri		21. Signature of Funaral Sarvio		22. Nama and Address of Facility Joseph Gawler's Sons, Inc. 5130 Wisconsin Avenue, N.W. Washington, D.C. 20016													
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	12		DO NIGHT 1								arch 14, 1997							
			30. Nama and eddress of person Dr. Frank C. I	31ackt	urn	5401	Weste	rype, P	Ave., N	W. Wash	ington,	DC 2	0015					
	Sta Registra	-	31. Deta filed (Month, Day, Yea MAR 1 9			agistrer's S	don-/	ande	100									

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Dete of Death 3. Time of Death **Physician** Month Yaar BORDERS GAYLE 6:58 MARCH 16 /Medical 4a. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Suburban Hospital Bethesda Montgomery If Undar 24 Hrs. 8. Data of Birth (Month, Day, Yaar) 5. Social Sacurity Number If Under 1 Yaer 6. Sex 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1□M 2K F Months Days 216-46-1434 Yrs. Director 49 January 3, 1948 Washington, DC Usual Rasidence of Dacedant death with the Maryland 10a. State show 10b. County 10c. City. Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23e or 28e-f sho treumatic event, the Medical Express must be notified at 1 Yas 2X No Directo Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 10500 Rockville Pike #119 20852 United States Funeral Was Decedent Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. filed within 72 hours after 1 ☐ Yas 2 ☒ No If Yas, Giva 1 X Never Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify. à 3 Widowed 4 Divorced White Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratirad) 16b. Kind of Bustnass/Industry al Hygiene. United States Collaga (1-4or 5+) Etamantary/Secondary (0-12) Federal Government Clerk 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumame) Be Pages 1 and 2 should be nant of Health and Mental nt: If Item 27 Is marked o William G. Borders Frances Rapp 19e. tnformant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, State, Zip Coda) William G. Borders/Father 3619 Raymond Street, Chevy Chase, Maryland 20815 other 20b. Placa of Disposition (Nema of cematary, crematory or other place) March 18, 1997 20a. Mathod of Disposition 20c. Location - City or Town, Stete 0 1 ☐ Burial 2 MCremetion 3 ☐ Ramoval from Stata Montgomery Crematorium, Inc. 4 Donation 5 Othar (Specify) Bethesda, Maryland 22, Nama and Addrass of Facility Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 vice Lizensae 23a. Part . Entar tha disease, or com show, or haart failure. List only plic, none that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, on cause of each line. Onsat and Death **Physician** Immediate Ceuse (Final disaese or condition resulting in death) /Medical NEUMONIA Examiner Dua to (or as a consequence of). Examiner ESOPHAGUS ERFORATED sician and burial-transit certificate be executed Saquantially list conditions, if any, taading to immadiata cause. Entar Undarlying Causa (Disease or injury Dua to (or as a consequence of) physician s the burial P.O. Box 68760, Physician/Medical that initieted avants rasulting in death) Last Due to (or as e consequence of): usa as signed by the attanding be datached for usa as Part II. Other signiffcent conditions contributing to death but not rasulting in the underlying cause given in Part t. 23b. Dtd tobecco use contribute to the cause of death? 1 Yes 3000 3 Probably 4 ☐ Unknown Division of Vital Records, þ 24b. Were eutopsy findings evellabla prior to complation of cause of daath? Completed 24a. Was en autopsy performed 1 Yas a No 1 Yas 2 No 25. Was casa refarred to madical axaminar? Be 26. Place of Deeth (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 Nas 2□ No 1 Inpatiant 2 ER/Outpetient 3 DOA this funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Yaar) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred Certification: After 5 Panding invastigation 1 Naturat Injury death. SWOLLOWED CHICKEN BONG 25 Accident VAN 16 91 To the Hospital or Attend within 24 hours after deat To the Funeral Director: 6 Could not be datamined 3 Suicida in by t 28a. Piace of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 Homicida HOME filled 29a. Certifiar 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the tima, date and place, end due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, dete and piece, end dua to tha causa(s) and manner stated. Wedical complataly (Check only onel 29b, Signature and title of certific 25c Licansa number 29d. Data signed (Month, Day, Year) 12

BETHESDA MA

State Registrar RANGE

31. Data filad (Month, Day, Year)

30. Nama and address of person who completed ceusa of death (Hem 23a) (Type, Print)

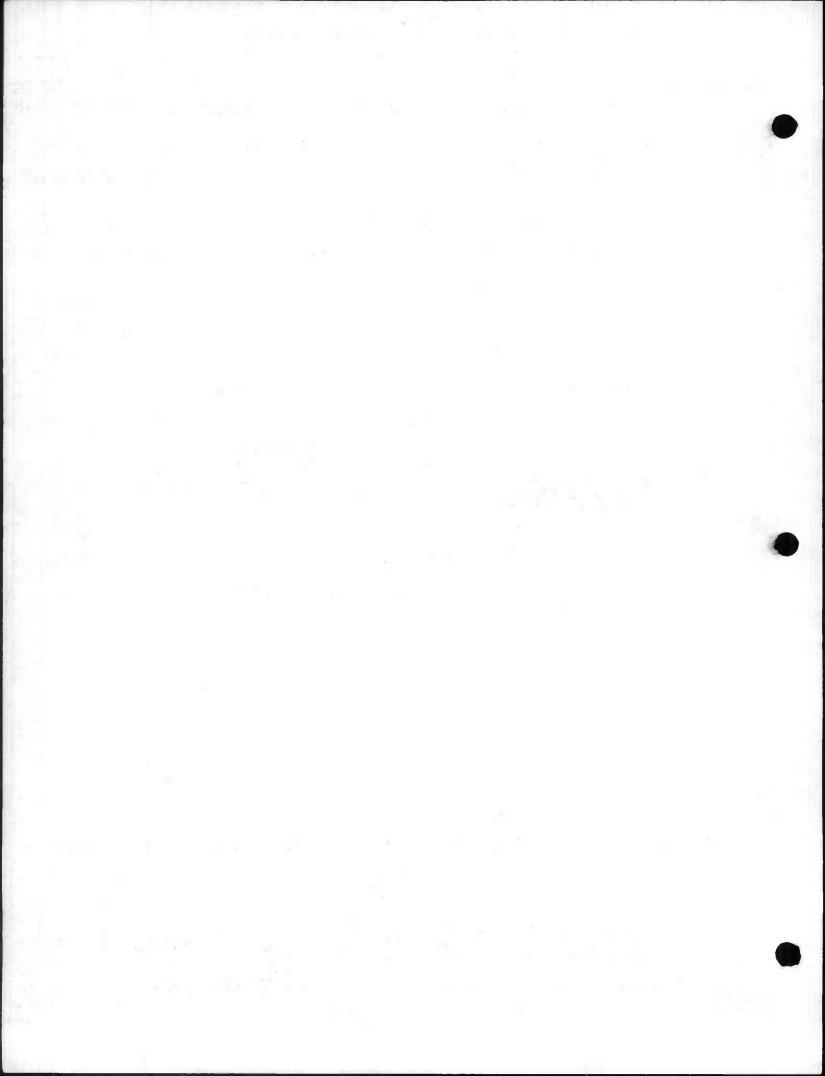
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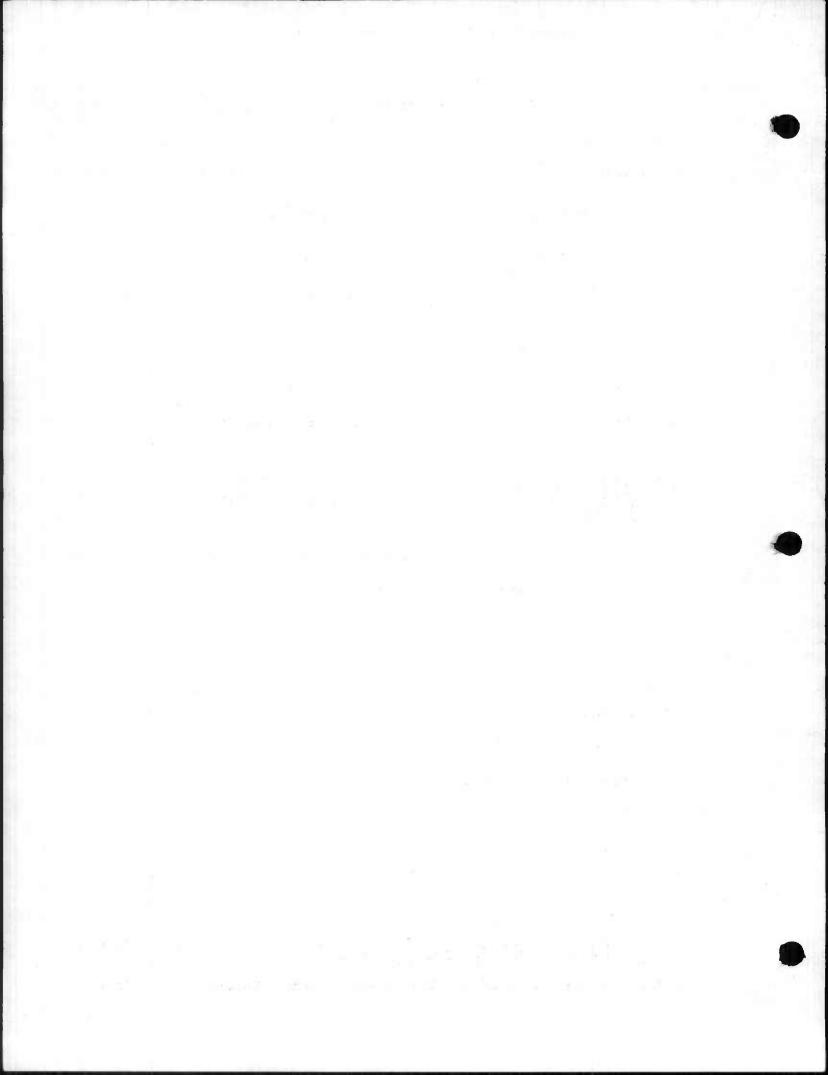
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State of Maryland / Department of Health and Mental Hygiene 97 10180

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Exan	niner		Facility Name (If not	mber)					or Location of De		inty of Dea					
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ages 1 and 2 nt of Health I: If item 27 I		-	. Method of Dispositi	on emation 3 🗆	Removei from	20b. State	Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State									
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0.07.4	•	5130 WI Ave. N.W. Washington, D. C. 2 23a Part Ever the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, Intervention of the control of the cont												C. 20016		
requires that the death certificate be executed seen signed by the attending physician and hould be detached for use as the buriel-trensit	Medical Examiner	Cause (Disease or injury that initiated events resulting in death) Last C														
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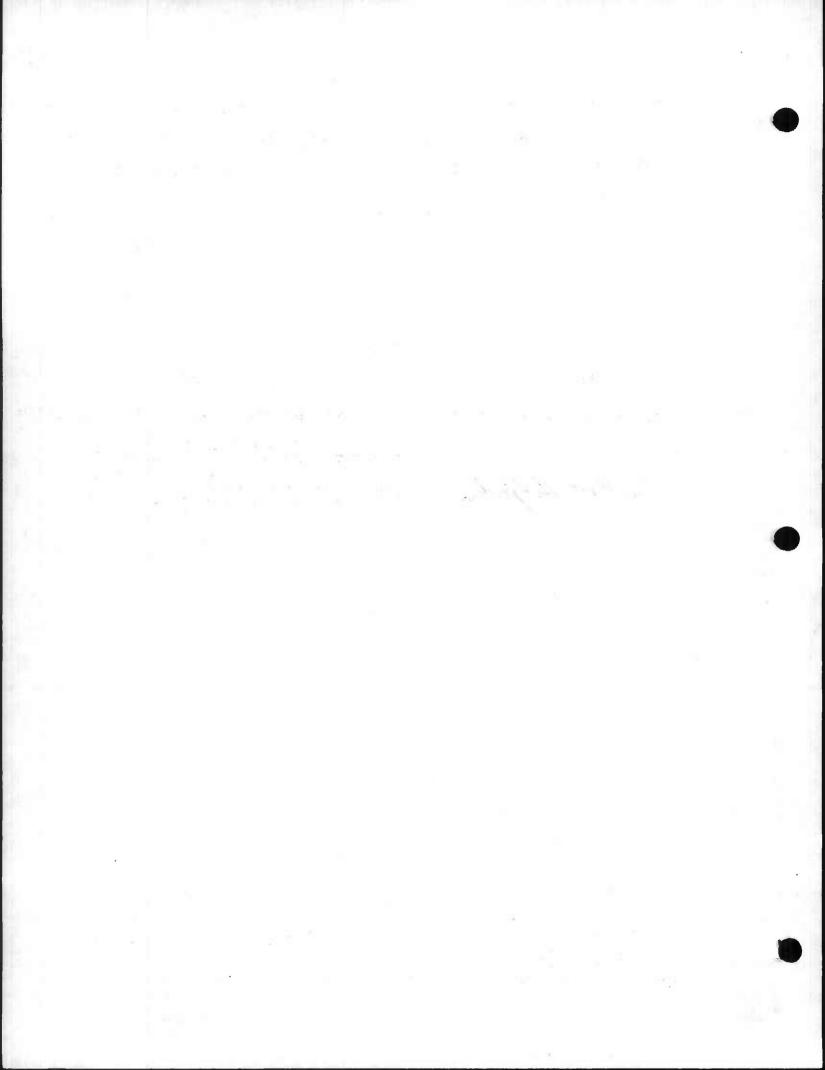


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth **Physician** Ruth Evelyn Clarke Mar. 24, 1997 /Medical 0:855 4e. Fecliity Nama (If not institution, give street and numbar) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Arundel Annapolis Anne Anne Arundel Medical Center If Under 1 Year if Under 24 Hrs. Months Days Hours Min. 5. Social Sacurity Number 7. Age (In yrs. lest birthday) Birthpiace (Stata or Foreign Country) **Funeral** Months Days 1□ M 25 F 349-16-8548 84 Yrs Director Illinois July 3,1912 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 7 is merked other than "natural", or Itams 23a or 28a-f show traumatic event, it a Modical Examinal must be nothed at 10d. Inside City Limits Queen Anne's Md. Chester Director 1 ☐ Yes %☐No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 21619 U.SA 22 H Queen Victoria Way Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indien, pernit, Peges 1 and 2 should be filed within 72 hours effer or Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumetic event, it a Modifical Eramment and Injury or other traumetic event, it a Modifical Eramment once. Bieck, White, etc. 1 ☐ Yes 2√ No If Yes, Give Yaar or Detes: 1 □ Naver Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yes 3€No Specify. þ Specify: White 3√Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker 12 17. Fathar's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Edwin Carter Margaret Hinds 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 22 H Queen Victoria Way, Chester, Md. Mrs. Pamela Dove-Daughter 20b. Plece of Disposition (Name of cemetery, cremetory or other place) $\begin{array}{lll} \text{March} & \overset{\text{Dete}}{28}, 1 \\ 997 \end{array}$ 20e. Method of Disposition X D Burlel 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) Holy Sepulchre Cemetery Chicago, Ill. 21. Signeture of Funerel Service Licensee 22. Name and Address of Fecility Fellows, Helfenbein & Newnam Funeral Home, P.A. 106 Shamrock Rd., Chester, 21619 23e. Part 1. Entar tha disease, or complications that causad the deeth. Do not enter tha moda of dying, such as cardiac or respiretory errast, shock, or heert feilure. List only one ceuse on each line. Physician /Medical Immediate Ceuse (Final disaese or condition resulting in death) Preumona Examiner Examiner or Attanding Physician: The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to Immadiate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting In deeth) Lest Due to (or es e consequence of P.O. Box 68760, ettending physician for use es the bune Physician/Medical Due to (or es e consequence of) been signed by the e Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 12 hermis Division of Vital Records. ò Completed 24b. Were autopsy findings availeble prior to completion of causa of deeth? 24a. Wes en eutopsy parformed? page 2 certificete 2 No 1 Yes 1 ☐ Yas 2 ☐ No director Be 25. Was case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Rasidence 6 ☐ Other (Specify) Certification: To 1 Yes 2 No 1 Impatiant 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After Neturel 5 Pending ours efter death. neral Director: Aff filled in by the fur 1 ☐ Yes 2 ☐ No 2 Accident investigetion 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Hospital on 24 hours of Funeral Di 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

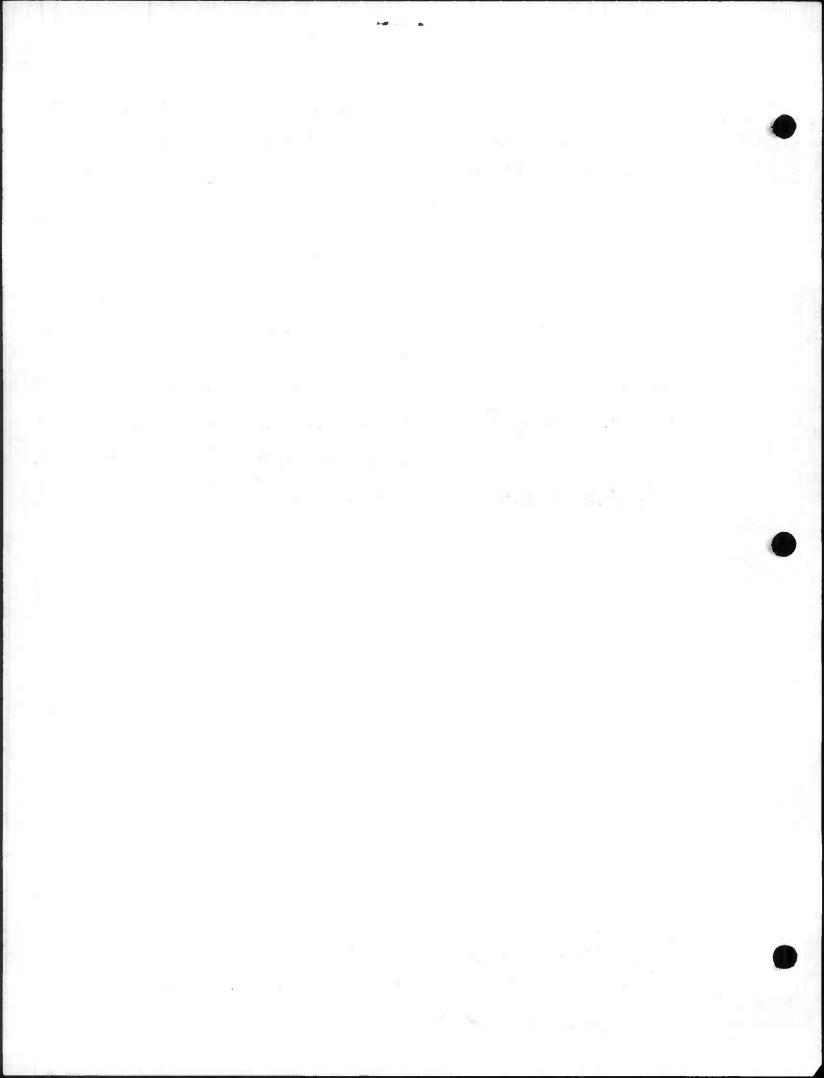
2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred et the tima, date end place, end due to the cause(s) end manner steted. 29e. Certifier To the Hosp within 24 hou To the Funel completely fi Medical 29b. Signeture and title of certific 29c. Licensa number 132036 completed cause of deeth (Item 23e) (Type, Print) 30. Neme end eddress of 2108 Drus Charter MD 21619 D. Dorollo 31. Dete filed (Month, Day, Year) 32. Registrer's Signature State relia Davidson Registrar WAK 2 5 1997



State of Maryla

nd / Department of Health and Menta		10	182)
Certificate of Death	Reg. No.			1100

_					Cel	uncate o	Dealli		Reg. No.		
	Physici /Medic		1. Decedant's Nama <i>(First, Middla, Last)</i> Margaret	Catherine	Cook	Colem	an	2. Data of De- Month March	-	1 ⁹ 997	3. Tima of Death 2:50PM
	Examir	ner	4a. Facility Nama (If not institution, give The Memoria	streat a <i>nd n</i> um <i>ber)</i> al Hospital			4b. City, Town, or L Easton		4c. County		
	Funeral Director		210-10-0090	х Эм ж Эк 7. Aga (In yrs.	last birthday) Yrs.	ff Undar 1 Yaa Months Day		8. Data of Bird (Month, Da Sept.	h y, Year) 14,192		ica (Stata or Foraign y) aryland
	Maryland -f ahow	jo	Usual Rasidance of Decedent 10a. Stata 10b. County Md • Queen		ty, Town or Lo						d. Inside City Limits 1 ☐ Yas 2♥□ No
	with the	I Director	10e. Street and Numbar 420 Dominion R	oad		10f. Zip Code 216			10g. Citizan of V		y?
020	be filed within 72 hours after death with the Manyland tal Hygiene. Id other than "natural", or items 23a or 28a-f ahow event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Navar Married	12. Was Decedent Evar in U Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:	i	Vas Decedeni of f Yas, specify Cu I □ Yas 227	Hispanic Orlgin? (Sp ban, Maxican, Puarto o Specify:	pecify Yas or No Rican, atc.)		e - Amarica ck, Whita, at	tc.
21215-0020	within 72 hours aft ene. than "natural", or the Medical Exami	Completed	15. Decedent's Edu (Specify only highast grade Elamantary/Sacondary (0-12)	cation a com <i>pleted)</i> Collega (1-4or 5+)		lent's Usual Occ kind of work don OO NOT usa reti MSTRES	upation a during most of work red)	king			arment
Maryland 2	S da b y	To Be Co	17. Fathar's Nama (First, Middla, Last) Tilghman Cook			mbcres	18. Mother's Nam Elizab		Maidan Sumam		y
	nd 2 ilth avilth		19a. informant's Name/Ralationship (Ty James E. Colem	an, Jr.	420		ion Rd.,	Chest	er, Md	. 21	619
Baltimore,	5 g t >		20a. Mathod of Disposition 1XX unai 2 ☐ Cramation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	lamoval from Stata	cematary, cran	natory or other p	Marc Cemetery	h 22,1	997 Steven	svil	le, Md.
Bal	pemit. Pepartm Departm Importar any inju		Signature of Funaral Sarvice Licans Part1. Entar tha disaasa, or complishock, or heart failure. List only or	19 F		Nama and Add		ellows Home	, Helf P.A. ster,		in & 21619
	Physician /Medical Examiner	er	23a. Part1. Entar tha disaasa, or compfishock, or heart failure. List only or immediate Causa (Final disaasa or condition resulting in death)	Myoca	ch. Do not anti-	laile	ene			3	Approximata interval Between Onset and Death
60,	cartificata be assecuted ding physician and isa as the burial-transit	al Examiner	Sequantially list conditions, if any, leading to immediata causa. Entar Underlying Cause (Disease or injury that initiated avants	Dua to (c	or as a conseq		wleova/	palcil	lescose	3	- 10 yrs
30x 68760,	cartif nding usa a	an/Medical	that initiated avants rasulting in daeth) Last	Dua to (c	or as a conseq	uanca of):					
	the attar	Physicia	Part II. Other significant conditions con	tributing to death but not ras	sulting in tha ur	nderlying causa	givan in Part I.	23b. Did	tobacco use co	ntribute to 1	the cause of death?
s, P.O	v requires that the death been signed by the atte should be datached for	by Ph	Renal fail	no mon	ragec	6 by do	dipil)XI	Yes 2□ No	3 Probe	ably 4 ☐ Unknown
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E E	icata h		Dialietes N	uellitees	lyp	e Ti		10	ras 2 No	10	Yas 2□ No
	siciar certif	o Be	25. Was casa raferred to medical axaminar? 1 Yas 22700	lospital: inpatiant 2	FP/Outpeties	t 3 DOA	26. Placa of Deal		ona) dance 6 □Oth	or (Canaiba	
Division of	To the Hospital or Attending Physician: The Is within 24 buttons after death. To the Funeral Directors After this certificate he completely filled in by the funeral director, page.		27. Mannar of Death Matural 5 Pending 2 Accidant investigation	28a. Data of injury (Month, Day Year)	28b. Tima of Injury	28c. Inj	4 LI Nuising no	-	now injury occur		
DIVIS	Ital or Atte ins after de rai Directo	Certification:	3 Suicida 6 Could not be 4 Homicide datemined	28a. Placa of Injury - At h building, atc. (Special	oma, farm, str	eet, factory, offic	9	28f. Location (S City or Tov	Street and Numb vn, State)	er or Rural	Routa Number,
	Me Hosp n 24 hou me Fune plataly fil	edica	29a. Cartifiar (Check only one) Certifying Physical Examire	sician: To the best of my kno nar: On the basis of axamina and mannar stated.	wledga, daath tion and/or Inv	occurred at the rastigation, in my	time, date and place, opinion, daath occur	and dua to tha red at tha tima,	causa(s) and ma data and place,	innar as sta and dua to t	ted. tha causa(s)
	withi To th	2	29b. Signature and title of cartifiar				nsa number		29d. Data signe	-	
			30. Name and address of person who co	•		Print)	27409		3 - 2	-0.7	/
			Lawrence Bohar		hman's	Lane	Easton	Md. 2	1601		
	Sta	_	31. Data filed (Month, Day, Year)	32. Registrar's Signa	atura	Daniel 100					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Daath 3. Time of Deeth **Physician** Month 5:15 A.M MARCH /Medical 4a. Fecility Nama (If not Institution, giva straat and number) 4b. City, wn, or Location of Daeth **Examiner** Ceci EAST 622 -OUISA NORTH 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 6. Sex 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Yaar) 9. Birthplaca (Stata or Foraign Country) **Funeral** Deys 1□M 2XF Months Hours 82 03-0866 Yrs. Director druary 10, 1915 Usual Residence of Decedant tha Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Pegas 1 and 2 should be filed within 72 hours eftar death with the Maryla nant of Haalth and Mental Hygiene.

ant: If Item 27 is marked other than "natural", or Items 23a or 28a-f show ury or other traumatic event, it a Marical Examiner must be notified at Ceci VORTH Director 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 622 21901 OUISA 5. by Funerai 12. Wes Dacedant Evar in U,S. Armed Forces? 1 Yas 2 No If Yas, Give Yaar or Dates: 11. Marital Status Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarlcan Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 2 No Specity: White 3 Widowed 4 Divorced Completed 15. Decedant's Education (Spacify only highast grade complated) 18e. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 perator 17. Fathar'ş Name (First, Middla, Last) 8. Mothar's Name (First, Middla, Maiden Sumama) Be 19a. Informant's Name/Ralationship (Typa, Print, 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Grand daugnter 624 LOUISA W. 2/901 20b. Place of Disposition (Nama of cametery, cramatory or other place) 20a. Mathod of Disposition Deta 20c. Location - City or Town, Steta 1X Burlal 2 ☐ Cramation 3 ☐ Removal from Stata permit. Pega Department of Important: If any Injury or 4 ☐ Donation 5 Dehar (Spacify) Cemeter al Service Licen Home 23a. Pert1. Entar tha desensa, or complications that caused tha deeth. Do not antar tha mode of dying, such as cardiac or raspiratory shock, or heer fewer List only one cause on each lina. **Physician** tmmediata Causa (Final disaesa or condition rasulting In death) /Medical Examiner Examiner Hospital or Attending Physician: The law requires that the death certificate be executed 24 hours after death.

Funeral Director: After this cartificate has been signed by the attending physician and burial-transit Sequantially list conditions, if any, laading to immadiata cause. Enter Undartying Causa (Disaase or Injury that initiated avants rasulting in daath) Last Box 68760. physician Physician/Medical signed by the attending p Part tl. Other significant conditions contributing to seath but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No þ been si 24b. Wara autopsy findings available prior to completion of causa of deeth? Completed 24a. Was an autopsy parformed? 1 🗆 Yas 1 ☐ Yes 2 ☐ No 25. Was case rafarred to medical axaminar? Be 28. Place of Death (Check only ona) 20 No Othar: 4 Nursing Homa Medical Certification: To 1 Yes 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3□ DOA 5 Dasidance 6 □Othar (Specify) funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? Netural 5 Panding To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Af completely filled in by the fu 1 TYes 2 TNo invastigation 2 Accidant 6 Could not be detarmined 28f. Location (Straat and Number or Rurel Routa Number, City or Town, State) 3 Sulcide 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 4 Homicida 1 dertifying Physician: To the best of my knowledge, daeth occurred at the time, deta end place, end due to the ceuse(s) and mannar as steted.
2 Medicat Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and mannar stated. 29a. Cartifier (Check only one) 29b. Signature and The of certify 29d. Date signed (Month, Day, Year) 30. Name and address of pe

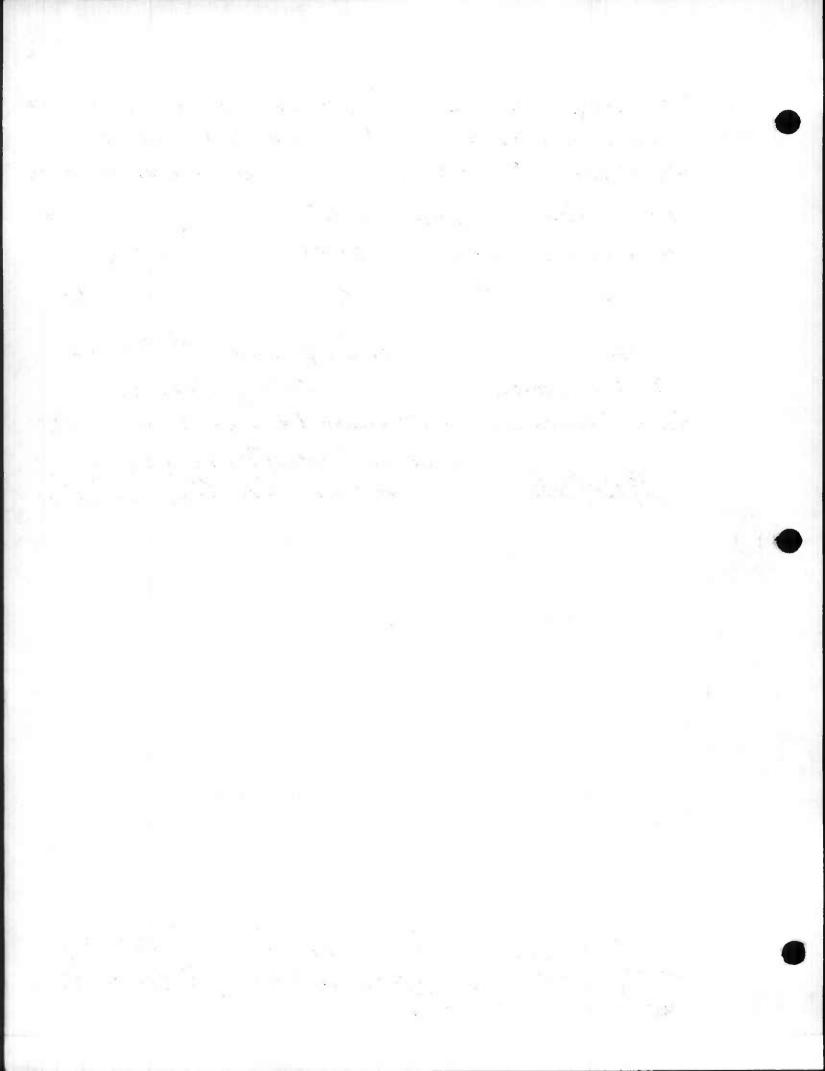
State Registrar

31. Date filed (Month, Day, Year)

MAR 25

32. Ragistrar's Signa

Julia Mirdson-Randall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

_				Certificate of Death	Reg. No.
-8	Dhuoio	ion	Decedent's Neme (First, Middla, Last)		2. Date of Deeth 3. Time of Death
	Physic /Medi		Mary E. Curley		March 15 1997 10:40am
1	Exami		4e. Fecility Neme (If not institution, giva street end numbar)	4b. City, Town, or L	
			Hanor Care Health Se	ruices Baltin	nore
	Funeral Director		5. Social Security Number 6. Sex 7. Age (In yr 2007) 10 Number 10	s. last birthday) If Under 1 Year If Under 24 Hrs. Yrs. Months Days Hours Min.	8. Dete of Birth (Month, Dey, Yeer) 8. Dete of Birth (Month, Dey, Yeer) 9. Birthplece (Steta or Foraign Country) V
	yland now			City, Town or Location	10d. Inside City Limits
	death with the Maryland rms 23e or 28e-f show	io	PA. YORK	STEWARTSTOWN	1 Yes 2□ No
	or 28	Sire.	10e. Street end Number	10f. Zip Coda	. 10g. Citizen of Whet Country?
	23a	20	99 PISTON COURT	17363	USA
020	or its	by Funeral Director	11. Marital Status 1 □ Never Married 2 □ Merried 3 ■ Widowed 4 □ Divorced 12. Was Decedent Ever In Armed Forces? 1 □ Yes 2 ■ No if Yes, Give Yaar or Dates:	U.S. 13. Was Decedent of Hispanic Origin? (Spiff Yas, specify Cuban, Maxicen, Puerto	pecify Yas or No- o Rican, etc.) 14. Reca - American Indian, Bleck, White, etc. Specify: WHITE
5-0020	"natural",		15. Decadent's Education	16e. Decedent's Usuel Occupetion	16h, Kind of Business/Industry
215	C - 4	Completed	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+)	(Give kind of work done during most of work life. DO NOT use retired)	king
2121	filed within Hygiana. ther than "	mo:	8 11	Homemaker	own Home
and	al Hygi other	Be	17. Father's Neme (First, Middle, Last)	18. Mother's Nam	ne (First, Middle, Meiden Surneme)
	should be filed within and Mental Hygiana. marked other than umatic svent, the M	To	UNKNOWN	VIR	GIE LOGUE
Mary	2 sho and la ma	ľ	19a. Informent's Neme/Reletionship (Type, Print)		rel Route Number, City or Town, State, Zip Code)
2,	is 1 and of Haalth item 27 other tr		PAMELA CONNER	99 PISTON COURT	STEWARTSTOWN, PA 17363 Date 20c. Location - City or Town, Stata
altimore	H it of or or or or or or		Bonal 2 Cremetion 3 Premover from State	cemetery, cremetory or other place)	
i E	- 투원증		21. Signeture of Funerel Service Licensee	22. Name end Address of Fecility	3-17-97 MARTINSBURG, WV
ä	Depariment of the part of the		1 Lin O Di	ROSEDANE FUNER	
	_		23a. Pert1. Entar the diseesa, or complications that caused the de	eth. Do not enter the moda of dving, such as cardiac	or raspiretory errest, Approximate
	Physician /Medical Examiner		shock, or heert feilure. List only one ceuse on each line. Immediate Ceuse (Finel disease or condition resulting In death)	Pulmonery Arrest for es e consequence on:	Intervel Between Onset end Death
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	death cartificata be axecuted a attending physician and of for usa as the bunal-transit	Examiner	Sequentially list conditions.	Artery Disease (or as a consequence of):	
ó,	e axe		Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury	Vascular Dixux	
68760,	ata b hysic tha b	Medical	that initiated events resulting in death) Last	Variance Discuse (or es a consequence of): Conge	stivelteart
×	artifica ding ph		ATRIAL &	FIBRILLATION / C/	AF Failure
Bo	attendi for usa	Jan	u		
0	tha a	Physician/	Pert II. Other significant conditions contributing to death but not re	sulting In the underlying causa given In Part I.	23b. Did tobacco use contributa to the cause of death?
0	as that tha de igned by tha a be datached	by Ph	PMR-Polymyalgia Rhumatica		1 □ Yee 2 No 3 □ Probebly 4 □ Unknown
of Vital Records,	aw requir	Completed	TA-Temporal Arteritis		24e. Wes an eutopsy performed? 24b. Wera autopsy findings eveileble prior to completion of cause of deeth?
æ	a c a	mo;	ItTN - Itypertension		1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
ita	iclan: The cartificata rector, pag	Be	25. Wes case referred to medical exeminer?	26. Piece of Dee	th (Check only one)
<u></u>	0 0	2	Hospital:	□ ER/Outpetient 3□ DOA Other: 4 Nursing Ho	ome 5 ☐ Residence 6 ☐ Other (Specify)
0	ding Pt. h. Aftar th funaral		27. Menner of Deeth 1 Neturel 5 □ Pending 28e. Dete of Injury (Month, Dey Year)	28b. Time of 28c. Injury et Work?	28d. Describe how Injury occurred
Sio	Attanding Ph ar daath. ector: Aftar th by tha funarai	atle	2 ☐ Accident Investigation	M 1 ☐ Yes 2 ☐ No	
Division	を表がる	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Plece of Injury - At 1 ☐ Homicide building, etc. (Special Could not be determined building, etc. (Special Could not be determined building, etc. (Special Could not be determined building, etc. (Special Could not be determined building, etc. (Special Could not be determined building, etc. (Special Could not be determined building, etc. (Special Could not be determined building, etc. (Special Could not be determined building, etc. (Special Could not be determined building, etc. (Special Could not be determined building, etc. (Special Could not be determined building, etc. (Special Could not be determined building).	home, farm, street, factory, office	28f. Location (Street end Number or Rural Route Number, City or Town, Stete)
	To the Hospital or within 24 hours after To the Funeral Dir compiataly filled in	edical	29a. Certifiar (Check only one) 1 Certifying Physician: To the best of my kn 2 Medical Examiner: On the bests of examinent manner steted.	owledge, deeth occurred at the time, dete end place, ation end/or investigation, in my opinion, deeth occur	and due to the ceuse(s) end menner as steted. red et the time, date end plece, end due to the cause(s)
	Nithin Fo the	M	29b. Significate applytie of certifier	29c, License number	29d. Date signed (Month, Dey, Year)
	->-0		Mah. O MRande	1 MX D341.40	3/24/97
		+	30. Name and address of person who completed ceuse of deeth (ite	em 23e) (Type, Print)	1-11-7
			Dr. Mschael Randolph SIG	10 Falls Road Suite 1	31 Batteme, Md 21210
	Sta	te	31. Dete tiled (Month, Dey, Year)	Rode	

UNIVERSITY OF MD MEDICAL SYS.

Approximata Onset and Death 10 MINS

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

VLADIMUR B.

MAR 2 5 1997

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SIDOROV,

MD

32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	COTAL OR ATTENDING PHYSICIAN: The Jaw consists that the death certificate he asserted within
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	i i	1. DECEDENT'S NAME (First, Middle		OT 11017								2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH		
	1	JOSEPH A		CLUCK								MA		$\tilde{1} 19$	97	9:55PM		
		4. SOCIAL SECURITY NUMBER		5. SEX		(In yrs. les		IF UND	DAYS	HOURS	R 24 HRS.		E OF BIRTH oth, Day, Year)		a. BIRTH Count	IPLACE (State or Foreign		
P	- 1	167-12-9917		1 ₹ M 2 □ F		77	YRS.			Hoons	Man.	AP		19		k. Co, PA		
3 should	~	9a. FACILITY NAME (If not institution	_		T O A 1		7.0				ION OF DE	ATH			INTY OF D			
~	DIRECTOR	UNIVERSITY		MD MED	IGA	L 51	25.	В	ALTO)MOR	.E			BA	LTI	MORE		
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%	듬	PA F	RAN	KLIN			WA	YNE	SBOE	RO						LIMITS?		
permi	A	10e. STREET AND NUMBER							10	. ZIP COD	Œ	_		10g. CIT	IZEN OF V	WHAT COUNTRY?		
n. ansit	FUNERAL	329 ANTIET	AM	DR						172	68			U	SA			
ysicia rrial-tr		11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER I	N U.S. AR	MED	13	If yes, so	ENDENT (OF HISPAN	IIC ORIG	IN? (Specify Ye Ricen, etc.)	s or No-	14. RACI	E — American Indian, k, White, atc.		
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as		15. DECEDENT		TION	913	16a. DE	CEDENT'S	USUAL	OCCUPATION	ON		16	b. KIND OF BL	ISINESS/IN	l			
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Projection Record Country Record Cou							Certific	ate of	Death	R	eg. No.			
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May E. Mony b. 13815 3/25/97 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) May E. Mony, M.D. 354 Mill Strut Hag CB Journ MD 21740	o th	omp		29b. Signeture end title of certifier				29c. Licen	se number	2	9d. Data signe	d (Month,	Day, Year))
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Mary E. Moncy, M.D. 354 Mill Street Nag CB3 aun MD 21740		-1.0		May E. 1	Umes it).		72	815		2/	15 kg	7	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 10187

					Certificate of	of Death	Re	g. No.		
	Dt		1. Decedant's Name (First, Middla, I	· ·			2. Date of Death Month	Day	Year	3. Time of Death
	Physici Medio/		Alicia D.	Cluff			March	20, 1	1997	6:55 A.M
(C, T)	Examin		4a. Facility Neme (If not institution, g	ive street and number)		4b. City, Town, or L	ocation of Death	4c. County		
}			31541 Kehob	eth Koad		Weston	Ver	Some	rset	
	uneral		5. Social Sacurity Number 6.	Sax 7. Age (In yrs. In	est birthday) If Under 1 Ya Yrs. Months Day		8. Data of Birth (Month, Day,	rear)	9. Birthplace Country)	e (Stata or Foraign
	irector		Usual Rasidanca of Decedant	72	113.		December,	12,1909	Mary	land
yland	MOI III		10a. Steta 10b. County		, Town or Location				10d.	Insida City Limits
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4	or 28	Dire	10e. Straat and Numbar	0	10f. Zip Cod	a	10	10000	What Country	?
w che	23a	Funeral Director	31541 Kehohe	th Road	218	871		0.5	A.	
ar da	tema Mr. n	nue	11. Meritel Status	12. Wes Dacedant Evar in U, Armed Forces?	S. 13. Was Decedent of if Yas, specify C	of Hispenic Orlgin? (Sp Juban, Mexicen, Puerto	pecify Yas or No- Ricen, etc.)		e - Amaricen ck, Whita, atc.	
21215-0020 d within 72 hours after	if item 27 is marked other then "netural", or liems 23a or 28a-f show or other traumatic event, the Medical Examinar mast be notified at	by	1 ☐ Navar Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorcad	1 Yas 2 No If Yas, Giva Year or Dates:	1 □ Yas 2 🗷	No Specify:		Specify	White	,
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vithin	then we	mpi	Elamantary/Secondary (0-12)	Collaga (1-4or 5+)	1	U V	0.0			
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and be	o per	To Be	Charles Das	0011		Calbani	20 B.		100	
Maryland d 2 should be file	mer	F	19a. Informant's Name/Relationship	(Type, Print)	19b. Mailing Addrass (Stre	eet and Number or Rui	ral Routa Number.	City or Town.	Stata, Zip Cc	ode)
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S 1 a	Ham othe		20a. Method of Disposition	20b. PI	ace of Disposition (Nama of			c. Location -	City or Town,	, Stete
Baltimore,	mportant: If itam 27 any injury or other tr ance.		1 ☐ Burial 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Othar (Spec	LI Removel from Stete	isbury Cremo	threy !	3-21-97 5	alist	14 TV.	Md
Baltim permit. Pag	Important: any injury once.		21. Signatura of Funeral Sarvice Lic	ensee	22. Name end Ad	dress of Facility			71	
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Box death cert				d					1	
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I Records, P.O. The law requires that the	d by t	Phy					1 🗆 Yes	2 No	3 Probab	oly 4 Unknown
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Records,	should	Completed					24a. Was en perform	autopsy ed?	evaila	autopsy findings ibla prior to letion of ceuse
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Division or Attending	by the	Hica	3 ☐ Sulcida 6 ☐ Could not	be 28a. Place of Injury - At ho	ma, farm, street, factory, offic	СӨ	28f. Location (Stre		er or Rural R	outa Number,
D ages	od in	Certification:	4 ☐ Homicida detarmine	building, atc. (Specify			City or Town,	Stete)		
To the Hospital	To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Cartifiar 1 Certifying F (Check only one) 2 Medical Ext	Physician: To the best of my known iminer: On the basis of axamination and manner stated.	rledge, death occurred at the on and/or invastigation, in m	a tima, data and place, ny opinion, daath occur	and dua to the cau	isa(s) and ma a and plece,	innar as state end due to the	id. e cause(s)
o the	lo the	N.	29b. Signatura and titla of certifiar	The state of the s	29c. Lica	anse number	29	d. Date signe	d (Month, Day	y, Year)
,	~ 0		MAILL	1/11/41	774	871	3	100/9	17	
		6	30. Nama and addrass of person who	complated causa of death (Itam		7 / 1		//		
			Mary L FL	CURY 205	- 10 m st	eet Po	0000	le	Ms	21871
	Sta	te	31. Date filed (Month, Day, Year)	32. Reg trar's Signat	ure	1				
The state of	Registr	ar	MAR 24 1997	Artic Markon	while					

Amended # 18, 22; 3/26/96, State of Maryland / Department of Health and Montal II. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month Dev COLLINS K. March 20, 1997 7:20 am /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Memorial Hospital Cumber land Allegany Hours Min. Apr. 30, 1902 7. Age (In yrs. last birthday) 94 Yrs. If Under 1 Year 5. Social Security Number 9. Birthpiece (State or Foreign **Funeral** Months Deys 1XM 2□ F Director 705-05-4373 Maryland Usual Residence of Decedent Marylend 10e Stete 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at Director Allegany 1 Yes 2 □ No Cumberland Maryland the 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Items 23a 611 Louisiana Ave. death Funeral 21502 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, "natural", or Item Rieck White etc should be filed within 72 hours effer of Mental Hygiene. 1 X Yes 2 No If Yes, Give Yeer or Dates: WWII 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify þ Specify: White 3 X Widowed 4 ☐ Divorcad Completed The Medical 16a. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Clerk Rail Road 12 17. Fether's Neme (First, Middle, Last) 18 Nother's Name (First, Middle, Maiden Surneme)

Regina (Myers) Be Peges 1 and 2 should be to tent of Heelth and Mental I nt: If item 27 is marked ot Joseph S. Collins 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 519 Washington St., Cumberland, MD Linda Rhodes 21502 If item 27 or other t 20b. Pleca of Disposition (Name of cametery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 Burial 2 Cremation 3 Removal from State permit. Pege Department of Important: If any injury or Rose Hill Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 3/22/97 Cumberland, MD 21. Signature of Annal Service Licer 22. Name end Address of Fecility Kight Funeral Home 309-311 Decatur St., Cumberla d, MD 21502 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. vei Bet Onset end Deeth **Physician** /Medical immediate Ceuse (Final Aspiration pneumonia diseese or condition resulting in deeth) 3 weeks Examiner Due to (or as e consequence of): Examiner The law requires that the deeth certificate be executed buriel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest and Due to (or es e consequença of): physicien s the burie Physician/Medical Due to (or es e consequence of): use Pert il. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 | Yes 2 | No 3 | Probably 4 | Unknown Sick sinus syndrome ð 24b. Were eutopsy findings eveileble prior to completion of cause of death? page 2 should Completed 24a. Wes en eutopsy performed? 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 1 Minpatient 2 ER/Outpetient 3 DOA funeral 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Naturei 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of injury - At home, farm, street, fectory, office building, etc. (Specify) á 4 - Homicide To the Hospital c within 24 hours of To the Funeral D completely filled? 152 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete end pleca, end due to the ceuse(s) end menner stated. 29e. Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D 14865

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Baltimore, Maryland 21215-0020

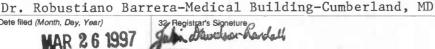
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Division of Vital Records,

State Registrar 31. Dete filed (Month, Dey, Year) MAR 26 1997

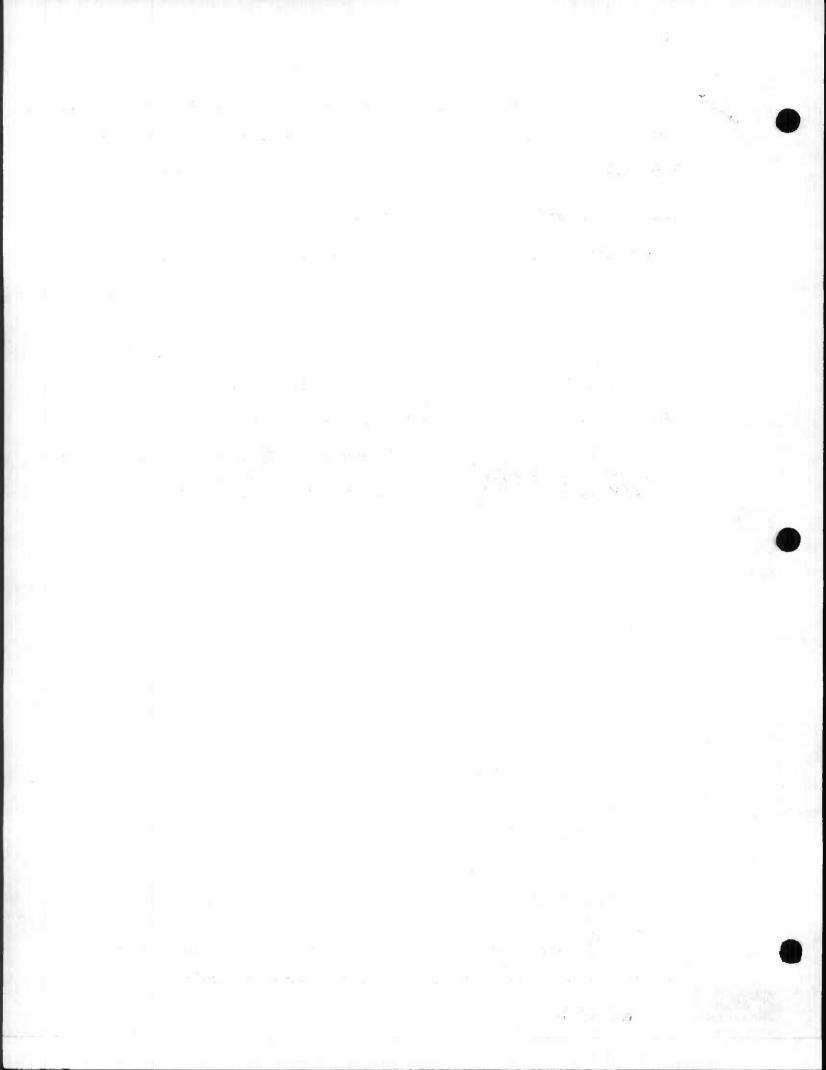
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30. Name end address of person who completed cay'se of deeth (item 23e) (Type, Print)



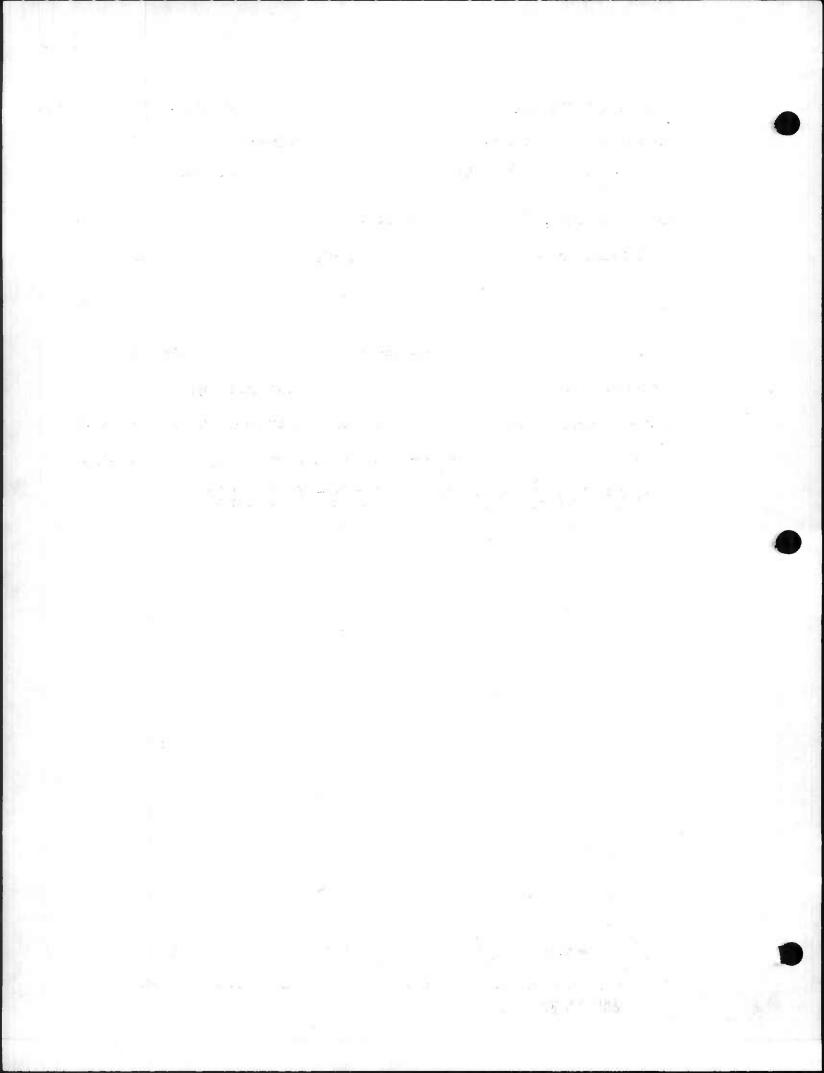
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/Medio		4a. Fecility Name				ber)			4b. City,	Town, or Lo	ocation of Death	4c. County	of Deeth	4.20 pm
		CUMBE	ERLAND N	NURSIN	NG HOM	E			CUM	BERLA	ND	ALLE	GANY	
Funeral Director		5. Social Security	-4286	6. Sex 1 ☐ M	2 X F	Age (In yrs	s. last birthdey) Yrs.	if Under 1 Ye Months Day	ar if Und	dar 24 Hrs.	8. Dete of Birth (Month, Dey Jun 25			lece (Stata or Foraig Itry) D
M M		Usuat Residence 10a. State	10b. County	у		10c. C	City, Town or Lo	ocation					1	0d. Inside City Limit
28a-f show	tor	MD	Alle	gany			Cumbe	rland						1 XYes 2 □ N
or 28,	Director	10e. Street and N		J				10f. Zip Code)		1	Og. Citizen of	What Coun	itry?
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and wands trygens. I is marked other than "natural", or items 23a or 28a-1 ahow traumatic avant, the World Examiner must be notified at	Completed	(Sp Elementery/Se 12	15. Deceder ecify only higher condary (0-12)	est grede co	ion om <i>pleted)</i> College (1-4	lor 5+)	16a. Dece (Give life.	dent's Usuat Occ kind of work dor DO NOT use reti aker	upation e during m red)	nost of work	ing	Own H	usiness/Ind	
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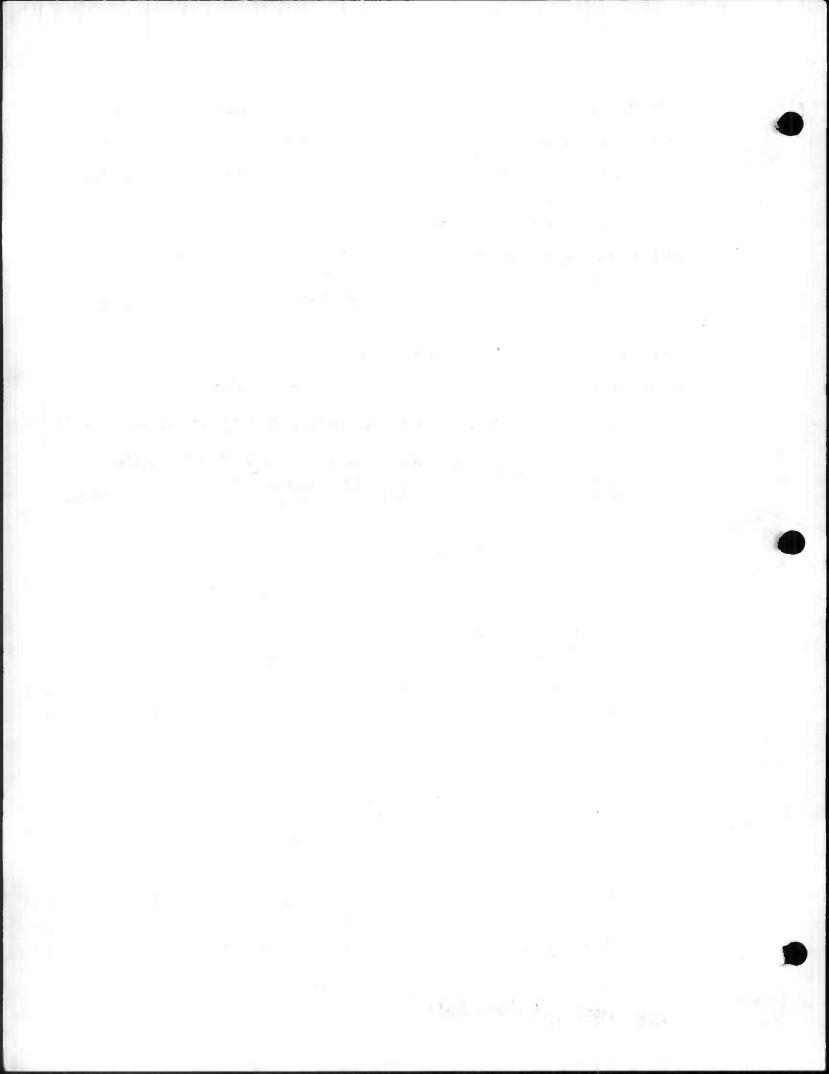
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month oraine Carr 1743 1997 March /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Maryland of University Baltimore Baltimore if Under 1 Year | if Under 24 Hrs. | Months | Deys | Hours | Min. 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthpiece (State or Foreign Country) **Funeral** Deys 1 ☐ M 2 💢 F Director 216-30-4645 Yrs. 63 Nov 23, 1933 | Maryland Usual Residence of Decedent with the Maryland Peges 1 end 2 should be filed within 72 hours eftar death with the Manyian nent of Health end Mental Hygiene.

ant: If item 27 is marked other then "natural", or items 23a or 28a-f show ury or other traumetic event, the Medical Experience man be not iffed at 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 X Yes 2 □ No MD Prince George Laurel 10e. Street end Number 10f. Zip Code 10a, Citizen of What Country? 14801 Laurel-Bowie Road #204 20708 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bieck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 💆 No if Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 🗓 No Completed by 3 Nidowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Grade 10 Stock Clerk Electronics 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Charles Souder Esther Souder 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Department of Health er Important: If item 27 Is any Injury or other trau 14801 Laurel-Bowie Rd #204, Laurel, Maryland 20708 Debbie Grav daughter 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Buriei 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) Emmanuel Cemetery 3/11/97 Scaggsville, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility
Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389 W. 23a. Pert1. Enter the dipolate or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart subject that only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Final 2 days Perebellar Nematema disease or condition resulting in deeth) Examiner Due to (or es e consequence of): ettending physician and for use as the burial-transit or Attending Physician: The lew requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediete cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): ed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? ate has been signed by page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown Cerebellar herniation Division of Vital Records, þ Completed 24e. Wes an eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Hypertension this certificate 1 ☐ Yes 2 PNo 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Placa of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA nours efter death.

neral Director: After this of filled in by the funeral di 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Neturel March 5, 1997 1 Yes 2 No 2 Accident 6 Could not be 3 Suicide Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours of To the Funeral DI completely filled in edicai 29a. Certifier 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, dete end pleca, and due to the cause(s) end menner steted. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) AU4176435 C8574 30. Neme end eddress of person no completed cause of deeth (Item 23a) (Type, Print) 29 South Greene Street 21201 University Maryland of 31. Dete filed (Month, Dey, Year) 32 Registrer's Signeture State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 | 0 | 9 |

					Certificate of	Death		Reg. No.	1 1	0131
Physic	ian	1. Decedent's Name (First, Middle, La	ast)				2. Data of De		Year	3. Time of Death
/Med				es Mel	vin Cole		March	08 19		3:33 pm
Exami	ner	4a. Facility Nama (If not institution, gi	The state of the s		124	4b. City, Town, or	Location of Deat			
		Laurel Regional 5. Social Security Number 6.		t t-	rthday) If Under 1 Yaa	Laurel			ce Ge	
Funeral Director			Sax 1 M 2 F 7. Aga (II	n yrs. last bi	Yrs. Months Days		8. Date of Bir (Month, De Dec 3.	1, 1920	9. Birthp Coun Mary	lace (Stata or Foraign try) land
yland		10a. State 10b. County	10	c. City, Tow	m or Location				1	Od. Inside City Limits
a-f si	ctor	MD Prince	George 1	Laurel						1 No Yes 2 No
94 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Coun	try?
23a		15712 Dorset Roa	d #201		20707			USA		
n 72 hours after death with the Maryland "natural", or frems 23s or 28s-f show solical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Navar Married 2 ※ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Eva Armed Forces? 1 M Yes 2 □ No It Yes, Give Year or Dates: 1 9.		13. Was Decedent of if Yes, specify Cul 1 ☐ Yes 2 ☒ No		pecify Yes or No to Rican, etc.)		e - Americ ck, White, Black	etc.
In 72 hou		15. Decedent's E	ducation		Decedent's Usual Occu	pation		16b. Kind of B		
	Completed	(Spacify only highast gra Elementery/Secondary (0-12)	ada complated) College (1-4or 5+)		(Giva kind of work done lifa. DO NOT use retin	a during most of wor	rking			
	NO.	Grade 8	College (1-401 54)	Su	pervisor			Towel	Suppl	У
be filed htal Hygi od other event, t	Be	17. Fathar's Nama (First, Middla, Last)			18. Mother's Nar	ne (First, Middla	, Maiden Sumen	na)	
should be and Mental marked o	10	Charles Cole				Gladys (Queen			
0 0 0		19a. intormant's Name/Relationship (Type, Print)	196	. Mailing Address (Street	et and Number or Ru	ıral Route Numb	er, City or Town,	Stata, Zip	Code)
Health am 27		Vera Cole	spouse		5712 Dorset			el, Mar	yland	20707
		20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐	Removal from State	ob. Placa o cemeta	t Disposition (Nama of ry, cramatory or other pla	ace)	Date	20c. Location -	City or To	wn, State
tant:		4 ☐ Donation 5 ☐ Other (Special	(y)	Maryl	and Veteran	s Cem.	3/12/97	Crowns	ville	, Maryland
permit. Pages Department of Important: If I sny Injury or		21. Signature of Funeral Service Lice	alle		22. Name and Addr Donaldsor 313 Talbo	ess of Facility Tuneral ott Ave. I			d 207	07–4389
		23a. Pert1. Enter the disease or com shock, or heart failure. List only	plications that causad that one cause on each line.	death. Do						Approximate interval Between
Physician		01	C						-	Onset and Death
/Medical Examiner		immediate Cause (Final disease or condition	· Dens	515						48 hrs
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bed isi	Examiner		. /un	phon	na.				1	
end end il-trar	xan	Sequentially list conditions, if any, leading to immediate	Due	o (or as a	consequance of):					
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icate be executed physician end s the burial-transit	Medical	that initiated events resulting in death) Lest	Due	o (or as a	consequance of):					
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death ce	ciar									
y the	Physician/	Part ii. Other significant conditions of	ontributing to death but no	ot resulting in	the underlying cause g	iven in Part i.				the cause of death?
ned b							10	Yee 2 No	3 Prob	ably 4 Unknown
The law requires that tha death ce ate hes been signed by the ettendi page 2 should be deteched for use	d by						24a. Was	en autopsy	24b. We	re eutopsy tindings
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certificate rector, pag	0	25. Was case reterred to medical				00 81	10'		1	Yes 2 No
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Phys r this eral di	: To	27. Manner of Death	1 ☐ inpatient	2 28 ER/Ou	thatient 3 DOA	4 LI Nursing H	ome 5 Resid	dence 6 ∐Oth how injury occur)
th. Afte	ig	1 Naturai 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day Ye	ar) In	rime of 28c. Injury Wo	ork?]Yes 2□No				
or Attending effer death. Director: After I in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be		At homa, fa	rm, street, factory, office		28f. Location (S	Straat and Numb	er or Rural	Routa Number.
Direct of the by	ert	4 ☐ Homicide determined	building, efc. (S	pecify)	, , , , ,		City or Tov	vn, Stata)		
To the Hospital or Attending Physician: The law within 24 burus effer death. To the Funeral Director: Attenthis certificate hes completaly filled in by the funeral director, page 2	edical C	29a. Certifying Ph (Check only one) Certifying Ph 2 Medical Exam	yeician: To the best of my liner: On the basis of exe and manner statad.	knowledge mination and	, death occurred at the ti	ime, date and placa opinion, deeth occur	, and dua to the rred at the time,	cause(s) and ma dete end place,	inner as sta and due to	ited. the cause(s)
To the	Me	29b. Signature and title of certifier			29c. Licen	se number		29d. Date signe	d (Month, E	Dey, Year)
1	1	May In the	C. him		m	1)3500	4	2-9.	9-	7
- 1. x	1	30 Name and address of person who	completed cause of death	(Item 23a) f	Type, Print)	000	7	0-1	11	
Wet		Sind Fa Hair	Soson M	7	13900 CK	n/Amare	. A.	o. Lo	11001	m m
Sta	te	31. Date filed (Month, Day, Yaar)	32. Registrar's S	Signature	J/W ()	WI MINY	100) .	unes	1111 on X
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Amended #7, 3/25/97, M.W.O., Howard Co. 1. Decedant's Neme (First, Middla, Last) 2. Date of Deeth 3. Time of Death **Physician** Monti 11, 1997 6:45 pm Roger Crassweller March /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Columbia Howard Lorien Nursing Home 5. Social Sacurity Number If Under 1 Year If Under 24 Hrs. 8. Deta of Birth Month Dey, Year) Jan 14, 1914 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foreign **Funeral** Days Hours 17 M 2□ F 362-05-5848 82 83 Michigan Yrs. Director Usuai Rasidence of Decedant permit. Pagas 1 and 2 should be filed within 72 hours aftar death with the Maryland Decentment of Health and Mantal Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at these 10e. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits Maryland Howard Elkridge 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5991 Augustine Avenue 21227 U.S.A. Funeral 12. Wes Decedant Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Rece - American Indian, Bleck, Whita, atc 1 ☐ Yas 2 ☑ No if Yas, Giva Yeer or Detas: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No ρ Specify: 3 ₩ Widowed 4 □ Divorced white Completed 16a. Decadent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) Steel Company 12 Metalurgist 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Surname) Be Gertrude Wagar Milton H. Crassweller 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 5991 Augustine Avenue Elkridge, Maryland 21227 Roger Edwards Crassweller / son 20b. Place of Disposition (Name of camatery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata Mar 15, 1 ☐ Buriai 2 ☐ Cremetion 3 MRemovei from Stata Michigan Memorial Park 4 ☐ Donetion 5 ☐ Other (Specify) 1997 Flat Rock, Michigan 21. Signature of Funeral Service Licenses 22. Name end Addrass of Fecility Donaldson Funeral Home, P.A. 313 Talbott Avenue Laurel, Maryland 20707 23a. Part1. Enter ha disaase, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximeta Intarval Batween Onsat end Deeth Physiclan /Medical Immediata Causa (Final disaasa or condition rasulting In death) Aspirative pneumonia 1 week Examiner Due to (or as a consequence of): Examiner Oropharyngeal dysfunction months that the death certificata be executed physician and s the burial-transit Sequantially list conditions, if any, leeding to immadiata cause. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Last Due to (or es a consequance of) Alzheimer's dementia Box 68760 years Physician/Medical Due to (or as a consequence of) usa as attending p for usa as signed by the a Part II. Other significant conditions contributing to death but not rasulting in the underlying causa givan in Part i. Division of Vital Records. P.O. 23b. Did tobacco uss contribute to the cause of death? 1 Yee 2 No 3 Probably Unknown by 24b. Wara autopsy findings evaileble prior to completion of cause of death? 24a. Was an autopsy performed? Completed peeu hes paga 2 281 No 1 ☐ Yas 1 Yas 2 No certificete Attending Physician: 25. Was casa referred to medical axaminer? director. Be 26. Place of Deeth (Check only one) Hospital: 1 Yas 2 No Other: Nursing Homa 5 - Rasidance 6 Other (Specify) 2 1 Inpatiant 2 ER/Outpatient 3 DOA the state funaral 27. Manner of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury et Work? 28d. Dascribe how injury occurred Aftar re Hospital or Attention 24 hours efter death. 1 Natural 2 Accident 5 Panding Invastigation 1 ☐ Yes 2 ☐ No 6 Could not be datarmined 3 Suicida 28a. Place of injury - At home, farm, street, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) completely filled in by 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as steted.

| Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner stated.

| Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner stated. edicai 29a. Certifier (Check only one) To the vithin 2 29b. Signatura and title of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number

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State

Registrar

30. Nema and addrass of person who completed causa of daath (Item 23a) (Type, Print)

RICHard Kokanuhotz, M.O. 9501 Oid Annapolis Rd Ste. 200 Elli (6H City, mp 21042)
31. Data filed (Month, Day, Year) 32. Registrar's Signatura

MAR 1 7 1997 Halia de Walson Revell

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State of Maryland / Department of Health and Mental Hygiene

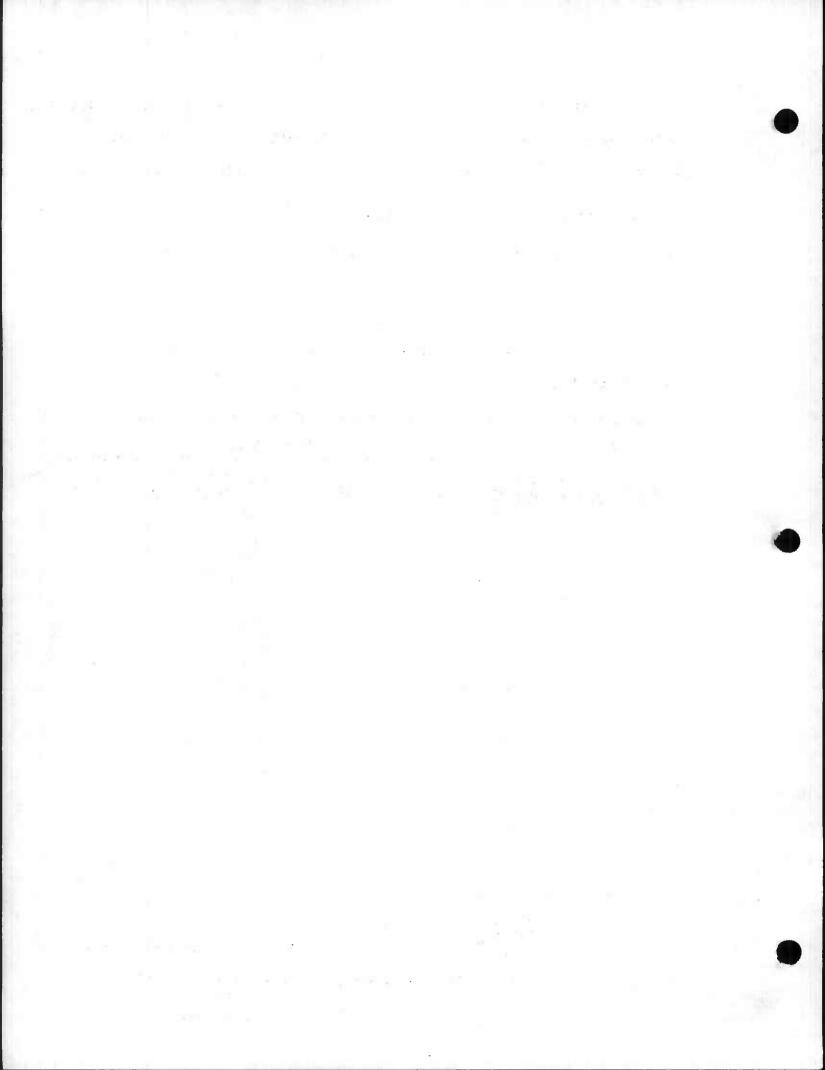
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	77	Decedant's Nama (First, Middla, Last)				2. Date of Dea	ath		3. Tima of Death
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Funeral			yrs. last birtho		If Under 24 Hrs.	8 Date of Birtl	h		lece (State or Foreign try)
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ylan		10a. Stata 10b. County 10	c. City, Town o	or Location				11	0d. Inside City Limits
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or 28	Director	10e. Street and Number		10f. Zip Coda			10g. Citizen of V	Vhat Coun	try?
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daat	Funeral	11. Mentei Status 12. Wes Decedent Evan	In U,S.	13. Wes Decedent of	Hispenic Origin? (Sp	ecify Yes or No-		a - Amaric	
if the second		Armed Forces? 1 ☐ Nevar Married 2 ☑ Married 1 ☐ Yes 2 ☑ No			ben, Mexican, Puerto	Hican, atc.)	Blec	k, White,	atc.
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od 2 Ith a 27 is		Charles Cremen hashes l	2.1	D 1			4.7.7		
Hag		Charles Cramer, husband 20a. Mathod of Disposition 2	Ob. Placa of D	Pennsylvar Disposition (Name of	ila Dr., W	Dete	20c. Location -	City or To	wn, Stete
permit. Pages 1 and 2 a Department of Health ar Important: If frem 27 Is any injury or other trau		1 Burial 2 Cramation 3 Ramovel from Steta		cramatory or other ple					
ormit. Pages 1 an Department of Haai mportant: If item 2 iny Injury or other MCs.		4 □ Donetion 5 □ Othar (Specify) 21. Signature of Funeral Sarvice Ucensee	Resthay	ven Cremat					Maryland
mpo mpo mpo mpo		21. Signature of Furierin Salves Licensee		22. Name end Addr	St	auffer	Funeral	Home	
		Market		1621 Oposs	sumtown Pi	ke. Fre	derick.	MD	21702
		23a. Part1. Enta the disaasa, or complications that caused the shock, or heart failura. List only ona ceusa on each lina.	daath. Do not	t enter tha moda of dy	ing, such as cardiac	or raspiratory ar	rast,		Approximata Interval Batween
Physician		4			16 3.	- 1 -		1	Onset end Death
/Medical Examiner		Immedieta Cause (Finel disaase or condition	0695	· loisti	c Musit	D15	use		Ken15
Examiner		rasulting in death) a	to (or es a co	nsaquance of):					
D #	ine.								
artificata be axecuted ling physician and a as the bunal-transit	Examiner	Sequentially list conditions, Due	to (or es e cor	nsequance of):				i i	
ifficata be ava g physician s as the burial	m	Sequantially list conditions, if any, leading to immadiate cause. Enter Underlying Causa (Disaase or Injury							
ata t hysic	edicai	that initiated avante	to (or es e cor	nsequance of):					
antific ling p	Me								
attend for us	an	J							
that the death c ed by the attenx datached for us	Physician	Part II. Other significant conditions contributing to death but no	t resulting In th	he undarlying cause g	iven in Part I.	23b. Did t	obacco use cor	tribute to	the cause of death?
d by the	F	Diabetes Mel	1+	-		101	Yes 2	3 Prot	eably 4 Unknows
gnec be de	by	1712 19 19 10 21	11/4	7					
ha law requires that the death c a has been signed by the attend aga 2 should be datached for us	8					24a. Was a	an eutopsy rmed?		ra autopsy findings sileble prior to
law re las be	Completed					polito		COL	nplation of causa death?
Tha lav ata has paga 2	E					1 D Y	as 2 No	10	Yas 2□No
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Physician: The this cartificate ral director, pa	To B	axaminar? 1 ☐ Yas 2 ☐ Hospital: 1 ☐ Inpatiant	2 ER/Outpa	atient 3 DOA Ot	thar: Nursing Ho				a
Phys r this aral dii		27. Mannar of Death Watural 5 Panding 28a. Date of Injury (Month, Day Ye.				T23 T2 T2 T2 T2 T2	now injury occurr		0
l or Attending Ph aftar death. Director: Aftar th	ţ		ar) Inju		ork?]Yes 2∐No		• •		
Attending ir death. ector: Afta by tha fune	fica	3 □ Cuiside 6 □ Could not be	At home, farm	street factory office		28f. Location /S	Street and Numb	er or Rura	l Routa Number.
or after Dire	ert	4 Homicide building, atc. (S	pacify)	n, streat, factory, office		City or Tow	vn, State)		
ours, eral	2	29a. Certifier Certifying Physician: To the best of my	r knowledge d	leath occurred at the t	ime date and place	and due to the c	nauga(a) and ma	nnar ac et	atod
To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	edical Certification:	(Check only 2 Medical Examiner: On the best of my one)	mination and/c	or Invastigation, in my	opinion, daeth occur	red at the tima, o	date end pleca, i	and dua to	tha causa(s)
the thin on the	Me	29b. Signature and title of certifier		29c Licen	ise number		29d. Data signed	(Month)	Day Year!
8 1 ¥ 1		1 / 1 / 2		250. 2001	1100	•	7/11	101	7
		magni (com	~ yx	MA DII	0728		-1/14	17	
		30. Nama and address of person who completed cause of death	(itam 23a) (Ty	ype, Print)	1 ath <	1 .1	1	1	100 -
		Casper Cline M.D.	380	Wes.	1-11-7	treet	Tre	196	ick mo
Sta	te	31. Data filed (Month, Dey, Year) 32. Registrar's S	Signatura						
Registr	ar	1100 0 0 4009	Rh 1	D.					

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Certif	icate of	f Death	,	Reg. No.		
			1. Decedent's Name (First, Middle, I	ast)					2. Date of De	eath Day	Voor	3. Time of Death
ı	Physic /Medi		James William Ca	ırmack						16, 199	Year 7	2:30 AM
	Exami		4e. Fecility Neme (If not institution, g	ive street end number)				4b. City, Town, or	1		·	
			7419 Hayward Roa	d				Frederick		Frede	rick	
	Funeral			Sex 7. Age	(In yrs. lest bit		Under 1 Yea	If Under 24 Hrs.	8. Dete of Bi	rth		lece (Stete or Foreign
	Director		218-07-7728 Usual Residence of Decadent	1XM 2□F	78	Yrs. M	onths Dey	s Hours Min.	Dec.	ey, Year) 11, 1918	Mary	land land
	72 hours efter death with the Maryland natural', or flems 23s or 28s-f show sicel Examiner must be notified at		10a. State 10b. County		10c. City, Tow	n or Locati	on				10	0d. Inside City Limits
	Man Fed	ţō	Maryland Freder	ok	Freder	d ale					ĺ	1 Yes 2 □ No
	284 100	Director	10e. Street and Number	CK	rreder		Of. Zip Code			10g. Citizen of	What Coun	itry?
	3a o		7419 Hayward Roa	d			21702			USA		
	Jeath The 2	Funerai	11. Maritel Status	12. Wes Decedent F	ver In U,S.			Hispanic Origin? (S ban, Mexican, Puert	pecify Yes or No		e - America	an Indian.
	fler free free free free free free free	Ē	1 ☐ Never Married 2 🕅 Married	Armed Forces? 1 ☐ Yes 2 💆 No	0				o Rican, etc.)	Bla	ck, White,	etc.
Baltimore, Maryland 21215-0020	n 72 hours effer death with the Marylan "natural", or flems 23s or 28s-f show totical Examiner must be notified at	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Detes:		10	Yes 2⊠N	o Specify:		Specify	y: Whit	. 0
Ş	2 ho		15. Decedent's	Education	16e	. Decedent	's Usual Occ	upation		16b. Kind of B		
2	G 1 4	Completed	(Specify only highest g Elementary/Secondary (0-12)	rade completed) College (1-4or 5-		(Give kind	d of work don NOT use retii	e during most of wor red)	king			
7		Eo	Elementary/Secondary (0-12)	2 College (1-401 54		ectri	cian			Manufa	cturi	no
0	be filed feel Hygid d other event, it		17. Father's Name (First, Middle, Las	it)		CLLII	Clan	18. Mother's Nar	ne (First, Middle			II g
ā		To Be	William Carmack					Tillia	Toms Ca	rmaak		
5	d 2 should b th end Mente 7 Is marked treumatic er	-	19a. Informent's Neme/Relationship	(Type: Print)	196	o. Mailing A	ddress (Stre	et end Number or Ru			State Zin	Code)
Ž	1000											0000)
ď.	s 1 end ; f Haalth item 27 l		Pauline Carmack	wile	20b. Placa o	f Dispositio	n (Neme of	Rd., Fred	Dete	MD 2170 20c. Location		wn State
2			1⊟ Burial 2 \ Cremation 3	Removal from State		•	ory or other p	,				
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a	permit. P Depertm Importar eny Injui		21. Signature of Funeral Service Lic	ensee		22. Na	ame end Add	ress of Facility	stauffer	Funera.	1 Hom	e
	U0200		Nan W.C	Deige-	_	1621	Oposs	sumtown Pi	ke, Fre	derick,	MD	21702
			23a. Part1. Enjer the disease, or co shock, or heart failure. List on	mplications that caused to	he death. Do	not enter th	ne mode of dy	ying, such as cardied	or respiratory	arrest,		Approximate Interval Between
V	Physician			2								Onset and Death
1	/Medical		Immediate Cause (Final disease or condition	6	now	tier	e ho	0.1 1	a him			1994
	Examiner		resulting In death)	a	ue to for as a	consequen	ge of):	en j.	*****			, , .
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	rificate be executed ng physiclen end as the buriel-trensit	Examiner	Sequentially list conditions.) b	ue to (or as a	consequen	ce of):	Jacob				1/10
Ś	exe en en rief-1		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	6							1	
58/60,	ysicl	Aedical	that initiated events	c	ue to (or as e	consequen	ce of):					
	E 0 6	led	resulting in death) Last		,		,				i	
DOX	andin use	2		d								
0	deeth	icia	Part II. Other significant conditions	contributing to death but	not resulting l	n the under	dvina cause d	riven in Part t	22h Did	tobacco use co	ntribute to	the cause of death
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necoras,	requires thet tha een signed by th hould be datache					/	11	. 2	24a. Was	an autopsy	24b. We	ere autopsy findings
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ב ב	8 S C	E D	7 10	//	, /		6		기 <u></u>		-	death?
	cete h		Dealetes	Hyper	leus	-on			1 🗆	Yes 2 No	1	Yes 2 No
ol vital	Attending Physicien: or deeth. ector: After this certific by the funeral director,	Be	25. Was case referred to medical / examiner?	Hospital:				26. Place of Dea	th (Check only	one)		
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=	fter the	0	27. Menner of Death 1 ☐ Naturat 5 ☐ Pending	28e. Dete of Injury (Month, Dey	Year) 28b.	Time of Injury	28c. Inj W		28d. Describe	how tnjury occur	red	
DIVISION	deeth. ctor: A y the f	Certification:	2 Accident Investigati			1	M 1[☐ Yes 2 ☐ No				
Ž	rect rect	Ě	3 ☐ Suicide 6 ☐ Could not determine		y - At home, fa (Specify)	ırm, street,	factory, office	Э	28f. Location ((Street end Numl wn, Stete)	ber or Rura	l Route Number,
2	a safe	Ce			(-							
	To the Hospital or Attending Physicien: The is within 24 hours after deeth. To the Funeral Director: After this certificate ha complately filled in by the funeral director, page	edicai	29a. Certifier 1 Certifying P	hysician: To the best of miner: On the basis of e	xeminetion an	e, death occ d/or Investi	curred at the gation, in my	time, date and plece opinton, deeth occu	, end due to the rred et the time,	cause(s) and ma	anner as st and due to	ated. the cause(s)
	ithin the mpla	Mec	29b. Signature end title of certifier	and menner state	ou.		29c. Licer	nse number		29d. Dete signe	d (Month	Dev. Year)
	5 ₹ 5 8		230. Signature end the di certiner	1///	1	11-10	250. E1061	1) 3 (1)	2 7	23d. Date signe	ia (Morter, t	Jey, rear)
			will	Je Cof is	hto	K 02,	40 -	1/ 22/0		3/17	19	7
			30. Neme end eddress of person who	//	eth (Item 23e)	(Type, Prin	t)					
			Ali J.	Afrookteh		W. Ni	nth St	./ Frede	rick, M	d. 217	701	
	Sta	-	31. Date filed (Month, Day, Year)	32. Registrar	-	- The second						
	Registi	ar	MAR 9 0 199	7 1 Ma	velou-Ro	edall.				¥		
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					,	Cei	tificat	e of	Death		Reg	No.			
	ni		1. Decedent's Name (First, Middle, L.	ast)						2. Date of Month		Day	Voer	3. Time of	Deeth
	Physic /Medi		Hang-	Tai Chan							16	, 1997	Year 7	1:40	P.M.
	Exami		4a. Facility Name (If not institution, gi	ve street and numbe	r)				b. City, Town,	or Location of De		4c. County			
			4505 Landgreen S	treet				I	Rockvill	Le		Mont	gomer	У	
	Funeral Director		5. Social Security Number 6. 212-47-8185		Age (In yrs. I	ast birthday) Yrs.	If Under Months	1 Year Days	If Under 24 H Hours M		Birth Day, Yo	1911	9. Birthp Coun Ch:	elece (State of etry) ina	r Foreign
	D .		Usual Residence of Decedent 10a. State 10b. County		100 City	, Town or Lo	antina							044.11.01	
	anyla shor	-			Toc. Ony								11	0d. Inside Cit 1 ☐ Yes	
	M er	ctc	Maryland Montgo	mery		Rockv									2 M 140
	or 2	F	10e. Street and Number				10f. Zip	Code			10g	. Citizen of V	What Coun	itry?	
	23e	<u>a</u>	4505 Landgreen S	treet			2	0853			C	hina			
Maryland 21215-0020	be filed within 72 hours after death with the Maryland tiel Hygiene. Id other than "natural", or Items 23a or 28a-f show event, the Medical Examiner roust be notified at	by Funeral Director	11. Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Deceder Armed Forces 1 Yes 2 if Yes, Give Year or Dates	?] No	1:	Vas Deced Yes, spec	**	ispanic Origin? In, Mexicen, Pu Specify:	(Specify Yes or erto Rican, etc.)	No-		e - Americ ck, White,	etc.	
20	72 hc	ted	15. Decedent's E	ducetion		16e. Deced	ent's Usua	al Occup	ation	arkina.	16	b. Kind of Bu	usiness/Ind	dustry	
7	Me P	Completed	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4o	r 5+)	life. L	O NOT us	se retired	during most of w	rorking					
2	d wil	No.		4	,	Engl:	ish T	each	ner			Educa	ation		
D	should be filed within and Mentel Hygiene. marked other than imatic event, the M	Be (17. Father's Name (First, Middle, Las.	")		18. Mother's Name (First, Middle, Maiden Surname)									
la la	uld b Vent rked ric e	To	Dong-Sheng Chan						Man Ye	2					
a	2 should be feared Mentel Fis marked of sumatic ever		19e. informant's Name/Relationship	(Type, Print)		19b. Mailin	g Address	(Street	a <i>nd N</i> um <i>ber</i> or	Ru <i>ral Route N</i> ur	n <i>ber, C</i>	ity or Town,	State, Zip	Code)	
	D = 22		Shui-Ling Chan /	Wife						t, Rock	vil.	le, Ma	aryla:	nd 208	53
Baltimore,			20a. Method of Disposition 1 Burial 2 XCremation 3 E 4 Donation 5 Other (Speci		20b. P	lace of Dispo- emetery, crem ntgome:	sition (Nan natory or o	ne of ther place emat	March corium,	Date 19,1997 Inc.		ethese		wn, State arylan	ıd
Balt	permit. Page Department of Important: If any Injury or once.	21. Signature of Funeral Service Lice	nsee	M003	Re	ockvi	lle.	Inc., Maryla	Robert A	Mon	umphre tgomer 2805	ey Fu	neral enue,	Home	
			23a. Part1. Enter the disease, or con shock, or heart failure. List only	plications that cause										Approximate Interval Betw	Э
50,	icate be executed by physician end in sthe burial-transit	I Examiner	resulting In death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underfying Cause (Disease or injury	b		as e conseq									
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Box	eath cer attendin I for use	ian											1		
P.O.	t the de by the s teched	Physician/N	Part ii. Other aignificant conditions of	contributing to death	but not resu	lting in the ur	derlying o	euse giv	en in Part I.					the cause o	
	es that igned b	by F								_					
or Vital Records,	aw requir is been s 2 should	Completed I								24a. W	as an a rforme		eva	ere eutopsy fi aileble prior to mpletion of ca death?	0
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ā		Be (25. Wes cese referred to medical						26. Plece of D	eath (Check on	y one)				
>	\$ 00	0	examiner? 1∭ Yes 2□ No	Hospitai: 1 ☐ Inpat	tient 2 I	ER/Outpetien	3□ DO	A Oth	or:	Home 5 A Re		e 6 □Oth	er (Specify	v)	
o uois	Attending Phi ir death. ector: After thi by the funeral	atlon: T	27. Manner of Deeth 1 Natural 5 Pending 2 Accident investigation	28a. Date of In (Month, D		28b. Time of injury		8c. Injur		28d. Describ					
	- Sep 6	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	200. Place of II	njury - At ho atc. (Specify	me, farm, stre	et, fectory	, office		28f. Location City or	(Stree Fown, S	t and Numb itate)	er or Rura	/ Route Numb	ber,
	To the Hospital within 24 hours e To the Funeral C completely filled	edicai	29a. Certifier W Certifying Ph (Check only one) 2	nysician: To the best niner: On the basis and manner s	of examinati	vledge, death ion and/or inv	occurred a estigation,	at the tin	ne, date and pla pinion, death oc	ce, and due to the curred et the time	ne ceus e, date	e(s) and ma end place, a	inner as st and due to	ated. the ceuse(s)	
	To t To t	Σ	29b. Signeture end title of certifier	WVS			290	. License	e number		29d.	Date signed	d (Month, I	Day, Year)	
1	1			Marialay	_			D2	27865		Ma	rch 1	7, 19	97	
	•		30. Name and address of person who Mark Li, M.D., 1					t, V	Wheaton.	Maryla		20902			
	Sta	te								J					
	Registr		MAR 2 (32. Regist	gulia 1	lavidson-	Mande	20							



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Eleanor Carroll 1997 March 8:50 p. /Medical 4e. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** MONTGOMERY Spring Meridian Nursing Home Silver 5. Social Security Number If Under 1 Year | if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** Deys 1 M 25F Yrs. Director 212-20-0954 80 Jan. 12,1917 Maryland Usuel Residence of Decedent 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show munt be notified at 1 Yes 2 No Director Montgomery Brinklow 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 19410 Chandlee Mill Road Herns 23a 20862 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2⊠ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American indian, Black, White, etc. 11. Maritei Status traumatic event, the Madical Examiner. pernit. Pages 1 and 2 should be filed within 72 hours after Copartment of Health and Mental Hygiane. Important: if Nem 27 Is marked other than "natural", or the any Injury or other traumatic event, trained any Injury or other traumatic event, trained any Injury or other traumatic event, trained any once. 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: Black by 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 12th College (1-4or 5+) Cafeteria Worker Montg. Co. Schools 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) Joseph A. Thornton Martha Pumphrey 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20862 19e. informent's Neme/Reletionship (Type, Print) Charlotte Carroll (Daughter) 19410 Chandlee Mill Rd., Brinklow, MD 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Ash Memorial Cem. 3/22 Sandy Spring, MD 21. Signature of Funerei Service Licenship 22. Name end Address of Fecility SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete intervei Between Onset end Death **Physician** /Medical immediate Cause (Fine) · Cerebravascular hemorihage disease or condition resulting in deeth) Examine Due to (or es e consequence of): Examiner attanding physician and for use as the burial-transit Hospital or Attending Physician: The law requires that the death certificate be axecuted 24 hours after death.

24 hours after death.

24 hours albrector: After this certificate has been signed by the attanding physician and staby filled in by the tunerial director, page 2 should be detached for use as the burish-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disees or injury that initiated events resulting in deeth) Last Due to (or es a consequence of) Physician/Medical Due to (or es e consequence of): Pert ii. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Decubitus Weev λq 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Wes an eutopsy performed? 1 ☐ Yes 2 X No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitai: Other:

Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of injury (Month, Day Year) 27. Menner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Neturai 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral C completely filled Medical 29e. Certifler 🖎 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) and manner as steted. 2 Medical Examiner: On the basis of exemination and/or investigetion, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) and menner stated.

death

Baltimore, Maryland 21215-0020

P.O. Box 68760,

Division of Vital Records.

State Registrar

Dennis M. Hannon, Mo 31. Date flied (Month, Day, Year)

Omim 14m

MAR 1 9 1997

29b. Signeture and title of certifier

3416 OLANDWOOD COURT; OWEY, MD 20832 32 Registrar's Signature

M

30. Neme and address of person who completed cause of deeth (item 23a) (Type, Print)

29c. License number

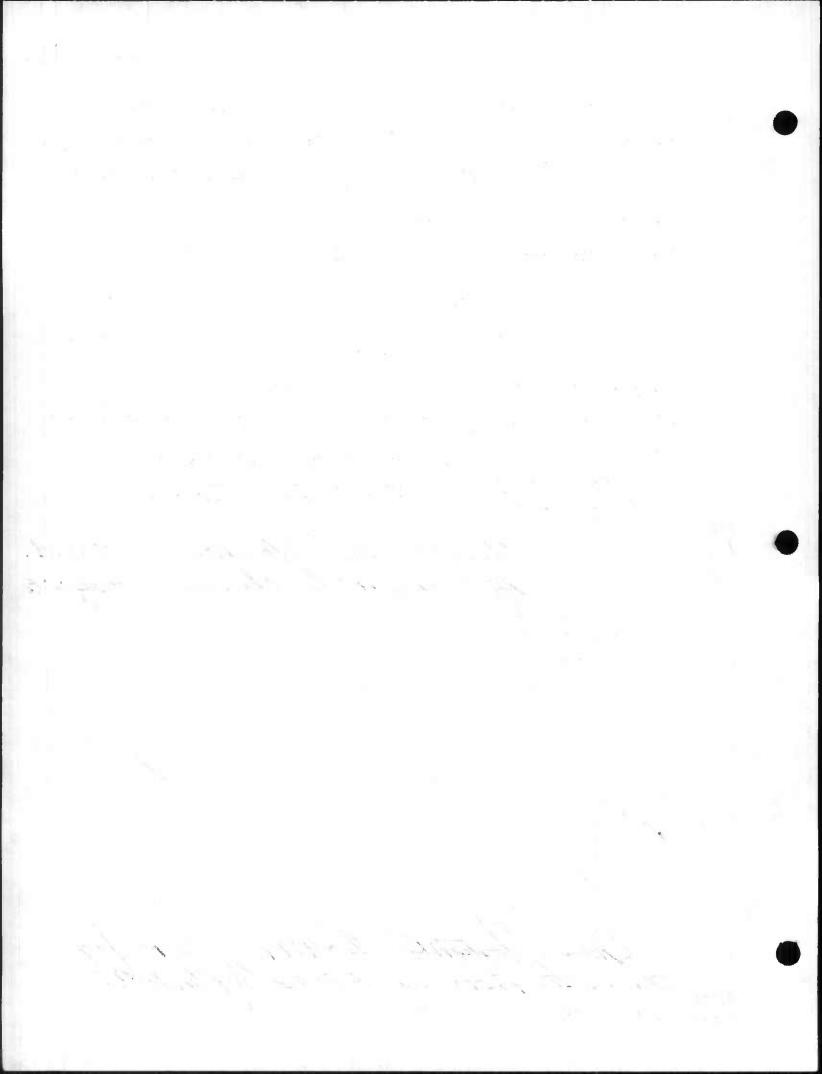
D2312V

29d. Dete signed (Month, Day, Year)

march 19, 1997

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

					C	ertificate of	Death		Reg. No.				
		1. Decedent's Name (First, Middle, Last)							Dete of Daath Month Dev Yeer				
Physician /Medicai		nerberi Connneim							15. 19	97 6:25a			
Exam		a see the air and air and air and air and air air air air air air air air air air				4b. City, Town, or L							
Exam							Chevy	Chase					
Funera			Sex	7. Age (In vi	s. last birthda	v) If Undar 1 Year				0			
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		Usuai Residence of Decedent		04				pall. Z	. 23, 1913 Germany				
/land		10a. State 10b. County		10c.	City, Town or	Location				10d. Inside City			
Man	ō	Maryland Montgor	nerv		hevy C	hevy Chase							
the 128s	Director	10e. Street end Number				10f. Zip Coda			10g. Citizen of What Country?				
w with										virial Country?			
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4 vithin 72 hours after death with the Maryland jiene. Than "natural", or items 23a or 28a-f show the Mooreal Examiner want be notified at	Funeral				0,5.	If Yes, specify Cut	en, Mexican, F	n? (Spacify Yes or N Puerto Rican, atc.)	o- 14. Had Blee	ce - American Indien, ck, White, etc.			
od within 72 hours aff giene. or than "natural", or the Mexical Exam	by F					1 ☐ Yes 2 🖔 No	Specify:		Specifi	White			
hour hour		3 ₩ Widowed 4 □ Divorced		Detes: WW 1 1									
nat	Completed	15. Decedent's Education (Specify only highest grade completed)			16e. Decedent's Usuel Occupation (Give kind of work done during most of work			f working		usiness/Industry			
within ene. then	E	Etementery/Secondary (0-12)	College (College (1-4or 5+)		Clerical				politan Transi thority			
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lid be fill fental H kad out	Be							ne (First, Middle, Malden Sumeme)					
should be nd Menta marked	2	Max Cohnheim					Sel:	ma Goldscl	oldschmidt				
2000		19e. Informent's Neme/Relationship							Number, City or Town, Stete, Zip Code)				
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permit. Pages 1 er Department of Hee mportant: If Item 2 any Injury or other ance.		20e. Method of Disposition			Plece of Disp	Piece of Disposition (Name of cemetery, cremetory or other piece)		Dete	20c. Location -	City or Town, Stete			
Page ent mt: If		1 □ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Speci			-	id Mem. (3/18/97	/18/97 Falls Church, Va.				
permit. Pages 1 en Department of Heel Important: If Item 2 any Injury or other once.		21. Signature Funeral Service De		102									
Deparimpo impo any ir		Ives-Pearson Funeral Hor											
		23a. Pert1. Enter the disease, or con shock, or heert failure. List only	126	_						h, Va. 2204			
/Medicai Examiner	ner	Immadiate Ceusa (Final disease or condition resulting in deeth)	(or as e cons	eguence of);	Jan	arctio.	n .	Imme.					
sæcuted n end el-transi	Examiner	Sequentielly list conditions, if any, laading to Immadiate cause. Enter Undertying Ceuse (Disease or Injury				equence of):		10320		Myun			
certificete be executed ding physician end ise es the buriel-transit	edical	Ceuse (Disease or Injury thet Initiated evants resulting in death) Lest	(or es e conse	equenca of):									
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the eche	hys								23b. Did tobacco use contribute to the cause of death 1 Yes 2 No 3 Probably 4 Unknow				
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The Bee	ပိ							1 🗆	Yes 2 No	1 ☐ Yas 2 ☐ No			
Physician: The I this certificate he	Be	25. Wes case referred to medical exeminer?					26. Plece of	Deeth (Check only	one)				
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ding Ph h. After th funeral		27. Menner of Deeth 1 ☑Natural 5 ☐ Pending	28e. Dete	of Injury th, Dey Year)		28b. Time of lnjury et Work?			28d. Describe how injury occurred				
or Attending efter death. Director: After din by the fune		2 Accident Investigation					Yes 2 □ No						
or Attend efter death Director: A	E	3 Suicide 6 Could not b 4 Homicide determined	286. Pieca	of Injury - At	home, ferm, s	treet, fectory, office		28f. Location (28f. Location (Street and Number or Rurel Route Number, City or Town, State)				
s effer il Direction	Ser		ary)			Ony or 10	Tom, Jiele)						
Hospital 24 hours Funeral stely filled		29e. Certifier 1 Certifying Ph	niner: On the ba	asis of examin	owledge, deeth occurred at the time, date end plece, end due to the cause(s) end menner es stated. etion end/or Investigation, in my opinion, death occurred at the time, date end pleca, end due to the cause(s)								
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To the within 2 comple		29b. Signature end title of certifier	1/10	sty	no	De	417	9	3/3	(Month, Day, Year)			
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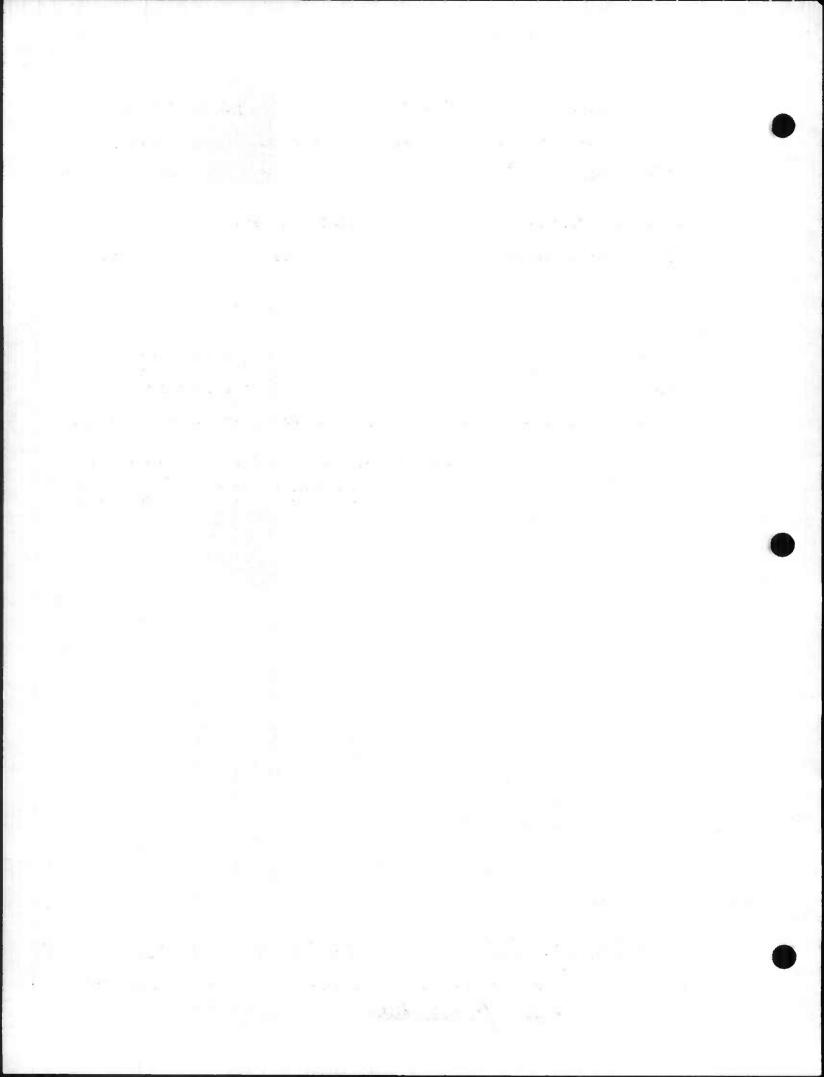


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State of Maryland / Department of Health and Mental Hygiene

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				Ce	rtificate of	Death		Reg. No.		. 0 1 3 0	
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/Medi Examir		4a. Facility Nama (If not institution, giv				4b. City, Town	n, or Location of Dee			02.0	
Exami	161	Dorchester		Hosp	ital	Cam	bridge		ches	+00	
Francis		5. Social Security Number 6. S	Sax 7. Aga /In vi	rs. last birthdev	If Under 1 Year	If Under 24	Hrs. 8 Date of Bi	rth		ace (Stete or Foreign	
Funeral Director		216-46-3512	□M 2EF 84	,,	Months Days	Hours	Min. May	1912	Count	York	
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ould be filed within 72 hours after death with the Manyland Mantel Hyglens. Marked other than "netural" or terms 23s or 28s-f show setic event, the Moulcal Examiner must be not fled at	Be Completed by Funeral Director	10a. Stata 10b. County	10c.	City, Town or L	ocation				10	Dd. Insida City Limits	
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15 28 a		10e. Street and Number			10f. Zip Coda	11011	THE REE	10g. Citizan of	What Count	in/2	
With With		3430 Chateau Drive			21631				U.S.	•	
aath m 23				11.0	Was Danadasi of N						
them New		11. Meritel Stetus	12. Was Decedant Ever in Armed Forces?	0,5.	If Yes, specify Cube	en, Maxicen, I	n? (Specify Yas or N Puerto Ricen, etc.)	Bia	e - America ck, Whita, a		
s aft		1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 ☐ Yas 2 No If Yes, Give		1□ Yas 2 No	Specify:		Specify	/: · · · · · · · · · · · · · · · · · · ·		
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tal be		17. Fathar's Nama (First, Middla, Last)					s Nama (First, Middle		10)		
should nd Man merke umatic	2	Henry Brush				Ch	arlotte	Monks			
2 sho		19a. Informant's Name/Relationship (, ,					Rural Routa Number, City or Town, State, Zip Code)			
s 1 and 2 should be filed within 72 hours after death with the Marylan Health and Mantal Hygiens. tem 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, its Mexical Examiner must be notified as		G. Elaine Hick	s - Niece	5126	o Paw Pa	w Rd.	, Cambri	.dge, M	D 21	613	
ges 1 and t of Health If item 27 or other t		20a. Mathod of Disposition Disposition Disposition		. Placa of Dispo cematary, cra	osition (Nama of matory or other plac	ce)	Data	20c. Location -	City or Tov	wn, Stata	
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permit. Dapartnimporta		21. Signature of Funeral Service Licer	2	22 Name and Address of Facility							
Dapa Impor any Ir		Curran-Bromwell I						ambridge, MD 21613			
		28a Part V Enter the disease or com	tilications that caused the de						216	Approximata	
	Examiner	25a. Parts Enter the disease, or com shock or heart failure. List only	one ceusa on aach lina.		iai iia iiiooa oi ajii	19, 55511 45 50	or respiratory			Intarval Between Onset and Death	
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and and	xar	Sequentially list conditions, if any, leading to immadiata	Dua to	(or es e conse	quance of):						
be a lclan buria		Cause. Entar Undarfying Ceuse (Disease or injury	C						i		
tha daath certificata be axecuted y the attanding physician and sched for use as the burial-transit	edicai	that initiated events rasulting in deeth) Last Due to (or es e consequence of):									
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requires that the death or been signed by the attend should be datached for us	Physician/								Ì		
the a	sic	Pert II. Other significant conditions of	ontributing to death but not r	asulting In the u	ındariying ceusa giv	an in Pert I.	23b. Dld	tobacco use co	ntribute to	the cause of death?	
at th	F.							1 ☐ Yes 2 No 3 ☐ Probably 4 [
law requiras that as been signed b	þ							/			
en s ould							24a. Wa	an autopsy ormed?	ava	ra autopsy findings ilabla prior to	
aw re is be 2 sh	pie						_		con of d	npletion of ceuse leath?	
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ysician: is cartifica director,		axaminar? 1 □ Yas 2 ☑ No	Hospital: 1 Inpatient 2	☐ ER/Outpatie	nt 3 DOA Oth	or.	Ing Homa 5□ Ras		or /Consider		
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Afta funs funs	i	1 Naturai 5 Panding Invastigetion	(Month, Day Year)	Injury	Wor	k? Yas 2⊡No					
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i or Attending Ph after death. Director: After th d in by the funeral	ŧ	4 ☐ Homicida datarmined	28a. Piace of Injury - At building, atc. (Spe	noma, tarm, st cify)	reet, factory, office			(Street and Numb wn, Stata)	er or Hurai	House Number,	
urs a lied	edical Cel										
To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this cartific complately filled in by the funeral director.		29a. Certifiar (Check only (C									
the the I	Med	one)	and mennar stated.								
5 <u>1</u> 5 9	~	29b. Signatura and title of certifiar	111.	10	29c. Licans			29d. Data signe			
		Colony 6	Mufey	MD	02	820	4	MARCH	25	, 1997	
		30. Name and addrass of person who	complated ceusa of daath (it	am 23a) (Type,	Print)	0	^			, 1997 1D 21613	
		EDMUND J, M	AC LAUGHL	IN	4 AURO	ORA S	T., CAN	MBRIDE	PE. M	D 21613	
Sta	ite	31. Data filed (Month, Day, Year)	32. Registrer's Sig	natura					1 1		
Registr	ar	MAR 2 6	1997 Julia Da	relientan	dall						



		Decedent's Name (First, Middle, La		-	•		Health and Market Property of the Market Prop		Reg. No.	91	3. Time of Deeth
Physic		120-20-20-20-20-20-20-20-20-20-20-20-20-2		lorris	Da	adds		Month	Dev	997	02:33
/Med Exam		4e. Fecility Name (If not institution, giv	re street end number)				4b. City, Town, or L		4c. County		02.33
		The Memorial	Hospital				Easton		Tal	bot	
Funera Directo		212-10-1334	Sex 7. Age M 2□ F	(In yrs. lest birt	rs. if U	nder 1 Year ths Deys		8. Date of Birth (Month, Dey Aug. 1	, Year) 0,191		lece (Stete or Foreign try) aryland
pue M.		Usual Residence of Decadent 10a. State 10b. County		10c. City, Town	or Location					-	Od. Inside City Limits
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h the	rec	10e. Street end Number			101	. Zip Code			10g. Citizen of	Whet Cour	try?
th wit	aiD	4813 Main Stre	et			2	1638		U.S.	Α.	
be filed within 72 hours efter death with the Maryland ital Hygiene. Id other than "natural", or items 23a or 28a-f show event, he Mod call Examiner must be inclified as	by Funeral Director	11. Maritel Status 1 Never Married AMarried 3 Widowed 4 Divorcad	12. Wes Decedent E Armed Forces? 1 Tyyes 2 □ No If Yes, Give Year or Dates: M			ecedent of specify Cul	Hispenic Origin? (Sp ben, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)	14. Rad Bla Specif	ce - Americ ck, White, y: W	
72 ho	ted	15. Decedent's Ed (Specify only highest gra	ducation		Decedent's	Usuel Occu	upetion e during most of work	kina	16b. Kind of B	usiness/ind	lustry
d within 72 hours ef	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)	ife. DO NO	T use retin	ed)	(III)	Beth!	lehar	n Steel
o de de	To Be Co	17. Fether's Neme (First, Middle, Last, Oscar Dadds)	OLE	ane o	peru	18. Mother's Nem	ne (First, Middle, el DeLa		ne)	-74
s 1 end 2 should be file f Health end Mental Hy fem 27 is marked other other traumatic event.	F	19e. informent's Neme/Reletionship (Juanita B. Dad					etend Number or Rui 5,; Gras				
Demit. Pages 1 en Department of Heal moortant: if Item 2 any injury or other ance.	١.	20e. Method of Disposition 1 ☑ Muriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif		20b. Place of cemeter,	Disposition v, cremetory terfi	(Name of or other place)	Cemeter	Dete 18,19			
pemit. Peges Department of Important: If it any injury or once.		21. Signature of Funeral Service Licer	000		Mor		ress of Fecility Fe	ellows,	Helfe	enbe:	le, Md. in & 21619
Physician /Medical	_	23a. Pert1. Enter the diseese, or com shock, or heert feilure. List only	plications that caused to one cause on each line	he death. Do n	ot enter the	mode of dy	ring, such es cardiac	of respiretory em	rest,		Approximete Intervel Between Onset end Deeth
Examiner		disease or condition resulting in deeth)	e. KES	PERT ue to (or es e c	10 R	of):	TAILU	PE			140ays"
executed n end iel-transit	Examiner	Sequentially list conditions	b. CHRO	WIC ue to (or es e c	OB	5702	nettue	E BEN	MZ D	BB	ASE
		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury		LMON	270	-					lodge.
physic sthe t	S S	thet initiated events resulting in deeth) Lest		ue to (or es e co		of):					10-6
bath certificate be attending physici for use es the bu	M/Me	C	d. 5/5	151	5_					1	wazz
d by the detected	Physician/Medica	Pert II. Other significant conditions of	ontributing to death but			ng cause g	iven in Pert I.				the cause of death?
ne law requiras ti hes been signe ige 2 should be o	eted by							24a. Was e		eva	are eutopsy findings alleble prior to appletion of cause
	Completed							1 🗆 Y	es 25No	of	leeth?
ysician: Ti s certificate director, pa	Be (25. Wes case referred to medical exeminer?					26. Piece of Deel	th (Check only or	ne)		
this alo	10	1 ☐ Yes 29 No 27. Manner of Deeth	Hospitel:			DOA		ome 5 Reside)
the line	Certification:	1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be			jury M		Yes 2□No	28d. Describe h			
the Hospital or Attendition 24 hours effer deeth the Eunerel Director: Ampletely filled in by the f	Certif	4 Homicide determined	building, etc.	(Specify)				28f. Location (S City or Town	n, Stete)		
the Hospi thin 24 hou the Funer mpletely fill	edical	29a. Certifler (Check only one) To Certifying Ph	ystctan: To the best of ofner: On the bests of e end menner stete	xeminetion end	deeth occur or Investiga	red et the ti tion, in my	ime, dete end plece, opinion, death occur	end due to the c red et the time, d	euse(s) end me late end piece,	enner es st end due to	eted. the cause(s)

To the Hospit within 24 hour To the Funere completely fills

29b. Signeture and title of cartifier

29c. License number 55048

29d. Date signed (Month, Day, Yeer)

30. Name end eddress of person who completed cause of deeth (Item) 23e) (Type, Print)

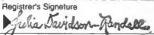
Eric Ciganek, M.D.; 2540 Centreville Rd., Centreville, Md. 21617

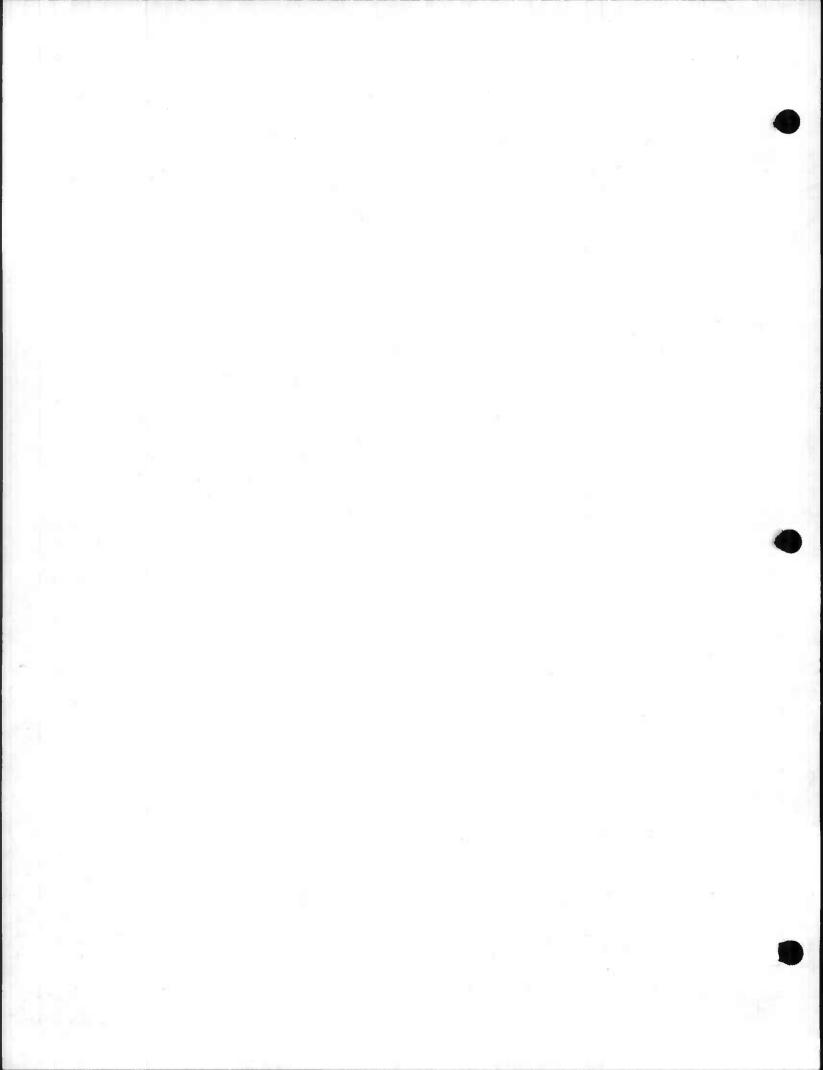
Dete filed (Month, Dey, Year)

MAR 1 7 1997

Julia Davidson-Randelle, 31. Dete filed (Month, Dey, Year)

State Registrar





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						Certificate of	f Death	Reg	ı. No.		
	Physici	an	Decedant's Nama (First, Middle					2. Data of Death	Day	Yaar	3. Tima of Death
	/Medi			ORAM DUF	-FA			1	, 199/		12:01 AM
ř	Examir	ner	4a. Facility Nama (If not institution 7215 BENEDICT A				4b. City, Town, or L		4c. County		
-	Funeral		5. Social Sacurity Number	· ·	n yrs. last bin	hday) If Undar 1 Yas	BENEDI ir If Undar 24 Hrs.		CHAR	9. Birthol	aca (Stata or Foraign
	Director		578-50-1801 Usual Rasidance of Decedant	1□M 2MF 8		Yrs. Months Day	s Hours Min.	NOV. 30,	1915	WEST	aca (Stata or Foraign try) VIRGINIA
	yland		10a. Stata 10b. County	1	Oc. City, Town	or Location				10	Od. Insida City Limits
	Mar a-fa-fa-fa-fa-fa-fa-fa-fa-fa-fa-fa-fa-fa	ctor	MARYLAND CALVE	ERT		PRINCE F	REDERICK				1 □ Yas 2 No
	き 92 M	Director	10e. Street and Number			10f. Zip Coda		100	. Citizen of W	hat Count	iry?
	ath w	rai	6165 HALLOWING				20678		NITED :		
0	permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturat", or items 23a or 28a-f ahow any Injury or other traumatic event, the Medical Examinet must be notified at ance.	/ Funeral	11. Marital Status 1 ☐ Navar Married 2 ☐ Marr	H Voc Give	ir in U,S.	13. Was Decedant of If Yas, specify Cu		pecify Yas or No- Rican, atc.)		e - Amarica k, Whita, a	
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212	iene.	шо	Elementary/Secondary (0-12)	College (1-4or 5+)		SUPERV	•		GOVER		
	other	Be C	17. Fathar's Nama (First, Middla,	Last)		30. 2		a (First, Middla, Ma			
Maryland	Menta Menta arked	To	TACEY KELLY	ORAM			GEORG I	VIRG	INIA	BOSS	ERMAN
Jar	2 she and ls me		19a. Informant's Name/Ralations			Mailing Addrass (Street	et and Number or Ru	ral Route Number, (City or Town,	Stata, Zip	Code)
	and faaith m 27		DIANE DUFFEY CO			O.BOX 57, Disposition (Nama of	BENEDICT,			-	
Baltimore,	or of		20a. Mathod of Disposition 1XXBurlai 2 ☐ Cramation	3 Ramoval from Stata	cematar	y, cramatory or other p	-		c. Location -		
三	it. Peritment		4 Donation 5 Other (Sp		TRINIT	Y MEM. GAR				DORE,	MARYLAND
Ba	Depa Impo any le		MGB Mark M	BOHAWN MOOO5	3	THE HUNTT P.O.BOX 1	FUNERAL H			504	
			23a. Part1. Entar tha disaasa, or shock, or haart failura. List	complications that caused the	daath. Do r	ot antar tha mode of d	ylng, such as cardiac	or raspiratory arres	t,		Approximata Intarvai Between
1	Physician										Onsat and Death
	/Medical Examiner		Immediata Causa (Finai disaasa or condition rasulting in death)	a. METAS	TATIC	(olun	CANCE	r			3-4 YEMI
	0.0.18	er		Du	a to (or as a	consaquance of):					
	ficata be axecuted physician and is the burial-transit	edical Examiner	On any of the state of the state of	b	a to /or an a	onsequence of):				i	
oʻ	an an	Exa	Sequantially list conditions, if any, laading to Immadiata cause. Entar Undarlying		a 10 (01 a3 a 1	onsequence or,					
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	To the Hospital or Attending Physician: The is within 24 hours effer death. To the Funeral Director: After this cartificate he completaly filled in by the funeral director, page	edical	29a. Certifiar (Check only one)	g Physician: To the best of m Examiner: On the basis of ax and manner stated	amination and	daath occurred at tha Vor Invastigation, in my	time, data and place, opinion, daath occur	and dua to tha cau red at tha tima, date	sa(s) and ma a and place, a	nnar as stand dua to	ated. tha causa(s)
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			30. Name and address of person			Type, Print)					
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 1 0 2 0

Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Data of Daath 3. Time of Death 3:30 PM MILDKED Month **Physician** MARCH /Medical 4a. Fecility Neme (If not Institution, giva street and number, 4b. City, Town, or Location of Death 4c. County of Death Examiner Adelphia Prince Georges Hillhaven Nursing Home 7. Aga (In yrs. last birthdey) If Undar 1 Yaar If Under 24 Hrs. 6. Deta of Birth (Month, Dey, Year) 5. Social Sacurity Number Birthplaca (State or Foreign Country) **Funeral** Months Deys 1 ☐ M 2 🕱 F 578-38-4808 89 Yrs. Director 9, 1907 Maryland Usual Residence of Dacadant the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No Director Maryland Carrol1 Westminster 10e. Street end Number 10f. Zip Coda 10g. Citizan of Whet Country? 6 Items 23a 3816 Ridge Road 21157 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) Raca - American Indien, Black, Whita, atc. permit. Peges 1 and 2 should be filled within 72 hours effer of Department of Health and Mental Hygiene. Introduce it from 27 is marked other than "natural; or item any injury or other traumatic event, the Medical Expens 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 XNo If Yas, Give Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No þ Specify: 3 X Widowed 4 ☐ Divorced White Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) Retired US Dept. Agriculture | Personnel Dept. 4 years 17. Fathar's Name (First, Middle, Last) 16. Mothar's Neme (First, Middla, Maidan Sumame) Be William Edward Frantz 2 Lillian Reed 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Coda) Mrs. Joan Robison Laurel Maryland Daughter 217 Patuxent Road 20707-3419 20b. Pleca of Disposition (Nema of cematary, crametory or othar plece) 20a. Method of Disposition 20c. Location - City or Town, Stata Data 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata 5 Othar (Specify) Lake View Mem. Park 4 Donation Mar.25 Syk∈sville, MD naral Service Licensas 22. Name end Addrass of Facility Burrier-Queen Funeral Director, P.A 1212 W. Old Liberty Road Winfield, ana MD 21784 not antar the mode of dying, such as cardiac or raspiratory arrest, Approximata Interval Between Onset and Deeth tha diseese, or complications that caused the death. **Physician** /Medical Immediata Causa (Final Me disease or condition resulting in death) Examiner Dua to (or as a consequence of): Examiner physician and the buriel-transit To the Hospital or Attanding Physician: The law requires thet the deeth certificate be executed within a Lours effect of each.

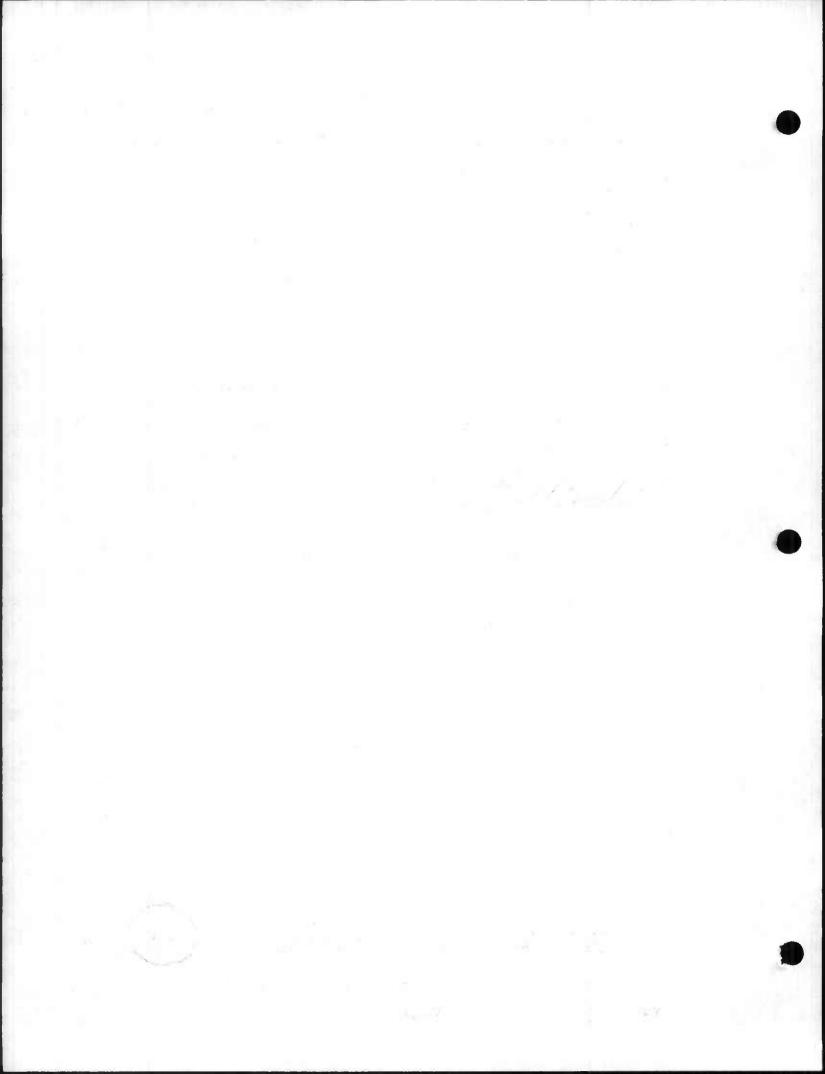
To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit Sequentially list conditions, if any, leading to immadiata cause. Enter Undarlying Cause (Disaasa or Injury that initiated evants rasulting In death) Last Dua to (or as a consequence of): Box 68760. Physician/Medicai Due to (or es a consequence of): Records, P.O. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of cause of death? Completed 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital 25. Was casa rafarred to medical axaminar? Be 26. Place of Death (Check only ona) Othar: 4 Nursing Home 5 Rasidence 6 Other (Specify) Certification: To 1 ☐ Yas 2 ☐ No 1 ☐ Inpatiant 2 ☐ ER/Outpetiant 3 ☐ DOA 26a. Deta of Injury (Month, Day Year) 27. Mannar of Death 26b. Tima of 28c. Injury at Work? 26d. Describe how injury occurred 5 Panding invastigation 1 BNatural 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 Sulcide 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata) 26a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicide 1 Certifying Phyalcian: To tha best of my knowledga, death occurred et the time, data and piace, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On tha basis of axaminetion and/or invastigation, in my opinion, death occurred et the time, dete and pieca, and dua to tha causa(s) end mennar stated. 29a. Certifian Medical (Check only one) 29c. License number 30. Nama and addrass of person who complated cause of daeth (itam 23e) (Type, Print) 31. Data filed (Month, Day, Year) State MAR 26 Registrar

State of Maryland / Department of Health and Mental Hygiene 9 /

Physician /Medical Examiner 1. Decedent's Neme (First, Middle, Last) EDNA M. Daniels 4e. Fecility Name (If not institution, give street end number)	of Death Reg. No.	
/Medical	2. Dete of Deeth	3. Time of Death
As Facility Manager Manager and Association of the	Month Day March 20,	1997 9:58 PM
		y of Deeth
Memorial Hospital @ Easton	Easton Talk	oot
Funeral 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) If Under	Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer)	Birthplece (State or Foreign Country)
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10a. State 10b. County 10c. City, Town or Location		10d. Inside City Limits
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	18. Mother's Neme (First, Middle, Maiden Sume	me)
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John Daniels 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address	reet end Number or Rurel Route Number, City or Town	n, Stete, Zip Code)
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20b. Method of Disposition 20b. Place of Disposition (Norm cametery, crametory or of 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service Disposition 22. Name enc DANIE	piecej	nsend, De.
21. Signeture of Funeral Service Discensee DANIE	ddress of Fecility S & HUTCHISON FUNERAI	HOME
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23a. Pert1. Enter the disease, or complications that guarded the deeth. Do not enter the mode shock, or heart failure. List only one cause on each line.	dylng, such as cerdiac or respiretory errest,	Approximete Intervel Between
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Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initialed events resulting in death) Lest Due to (or as e consequence of):		913038 TCARS
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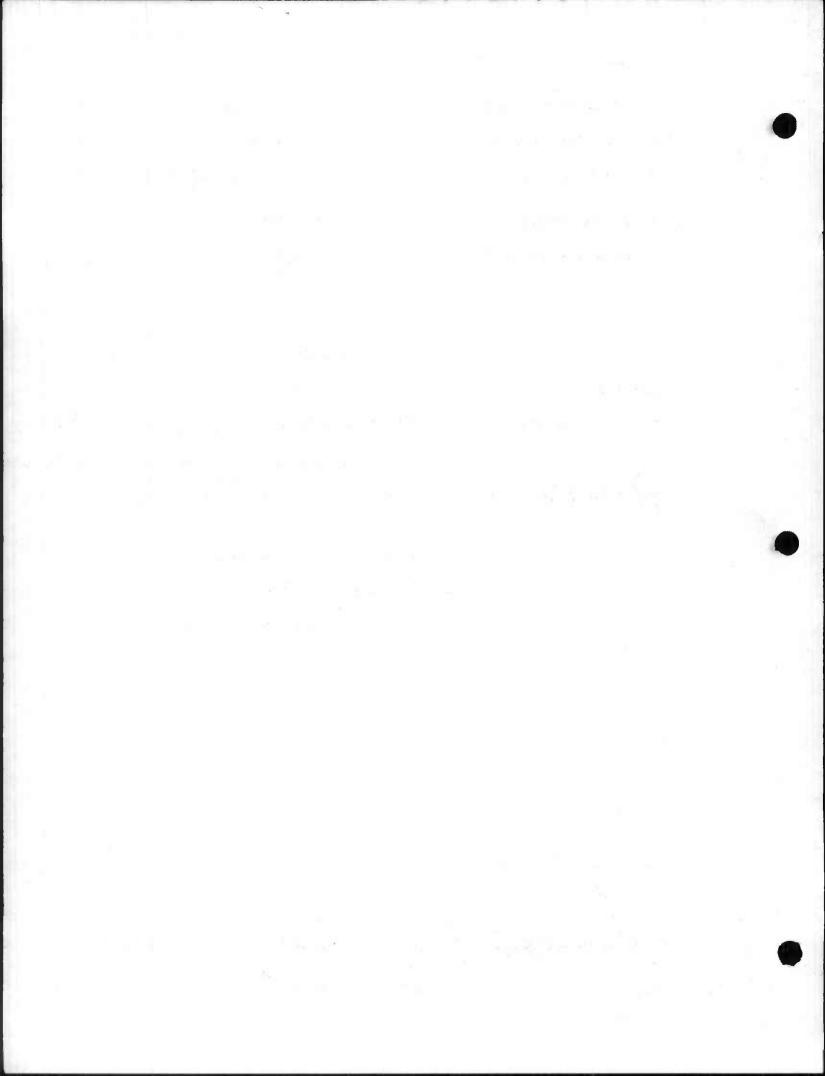
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State of Maryland / Department of Health and Mental Hygiene

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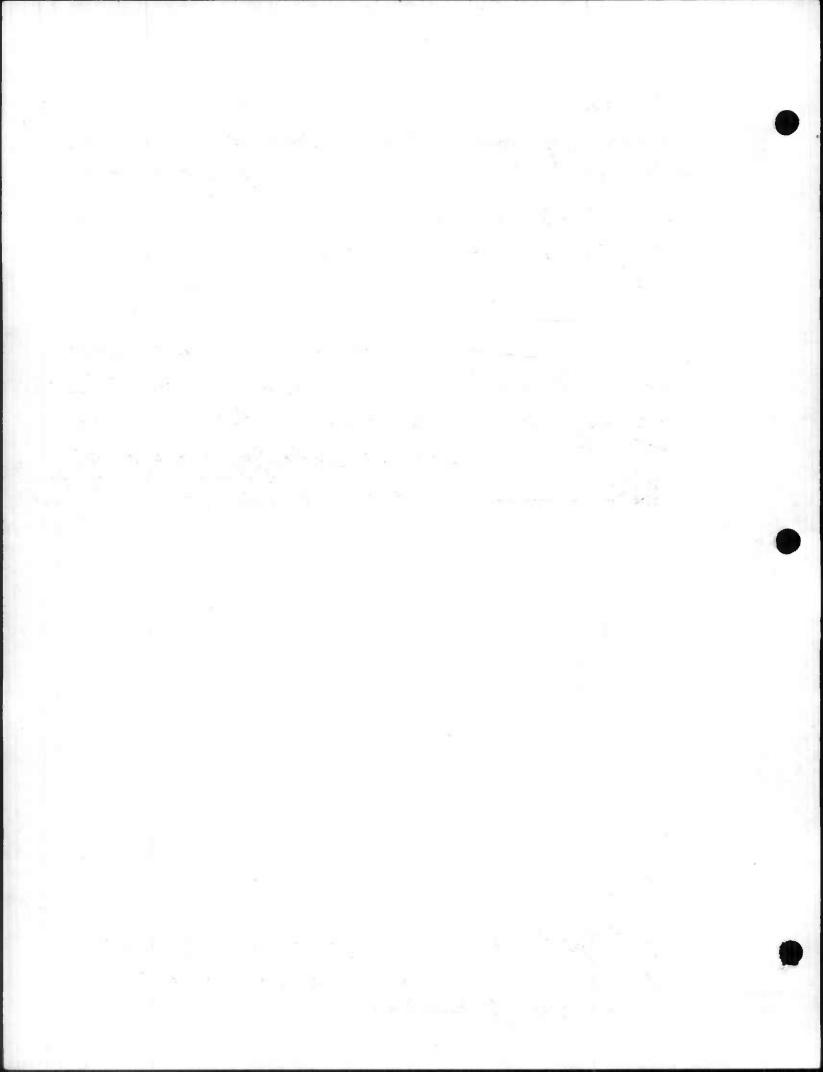
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	s 1 end 2 should be lited within 72 hours after death with the Maryland f Health and Mentel Hygiene. fam 27 is marked other than "naturel", or items 23a or 23a-f show other traumatic event, the Madical Examinet must be notified at	Funeral Director	11. Marital Status	12. Was Dec		n U,S.	13. W	as Deced Yes, spec	ent of H	lispanic Ori	igin? (Sp	ecify Yes or No Rican, etc.)	- 14. Rac	a - Americ	can Indian,
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	or of		1⊠ Burial 2 □ Cremation 3			cametery	, creme	etory or of	her ple	ca)	1	Date	20c. Location	- City or To	own, State
d	Department of H Important: If its any Injury or ot once.	١.,	4 Donation 5 Other (Spec	1	C	DLD BR						3/25/97	BROWNST	/ILLE	, MARYLAND
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		an/Medical Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	a		o (or as a co			e un	TO TO	ufc	act o	à e		Onset and Death
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Dhuminian	s cert	0	examiner? 1 ☐ Yes 2 ☐ No	Hospital:	Impatient 2	2 ☐ ER/Outp	patient	3 DO.	A Oth	or.			dence 6 Oth	er (Specif	fv)
		n: T	27. Manner of Death	28a. Date	of Injury	28b. Tir	me of		Bc. Injur Wor				now Injury occur		,,
Amending	Affer a fune	atio	1 ☑Natural 5 ☐ Pending 2 ☐ Accident investigati		th, Dey Year	7 Inj	ury	М		Yes 2	No				
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			30. Name and eddress of person who	completed caus	se of death (Item 23a) (T	ype, Pr	rint)							
			Dr. J. Hm.	nbaken		11	511	V	led	ical		mpus	67	Had	. md.
	Sta	ate	31. Date filed (Month, Dey, Yeer)		legistrar's Si	gnature								,	
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State of Maryland / Department of Health and Mental Hygiene

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					Cert	ificate of	Death		Reg. No.		
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_e Fun	oral		5. Sociel Security Number 6. Sex	7. Age (kg/rs. le	est birthday)	If Under 1 Year	If Under 24 Hrs	B Date of Bir			lece (State or Foreign
Direc			594-89-1401 40M	200	Yrs.	Months Deys	Hours Min.	(Month, De	y, Year)	Coun	ry), L
	0.01	F	Usual Residence of Decedent	2/				AM. 6)	758	TA	1+1.
land	10		10e. State 10b. County	10c. City,	Town or Loca	ation		0 6		10	Od. Inside City Limits
the Marylar 28a-f show	8	6	md Deaches	-Len 1	4. 1.	- 6					1 ☐ Yes 2 ☐ No
the 288	췅	8	10e. Street end Number	7	TURIO	10f. Zip Code			40a Chinan of I	Albert On the	
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ath w	1	a l	111/10.0	ST.			-			5A	
d 21215-0020 filed within 72 hours after death with the Maryland hygiene. ther than "natural; or items 23a or 28a-1 show	Examinat must be notified at	Funeral Director	LA	as Decedent Ever in U,S med Forces?	5. 13. W	as Decedent of H Yes, specify Cuba	lispenic Origin? (S an, Mexicen, Puer	ipecify Yes or No to Ricen, etc.)	- 14. Rad	e - America ck, White, e	an Indien, etc.
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Oon In		g Q	3 ☐ Widowed 4 ☐ Divorced Ÿ	ear or Dates:					0,000,11	4157	DANIC
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Par in in in in in in in in in in in in in	3	줱		ollege (1-4or 5+)	life. Do	NOT use retired	d)		nile.	1 /	
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sryland 212 should be filed within and Mentel Hygiene. merked other than	100	m	17. Father's Name (First, Middle, Lest)	i D			18. Mother's Nar	me (First, Middle,	Meiden Sumen	10)	/ D
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Maryl d 2 shouk th and Me 7 is mark	E I		19e. Informent's Name/Relationship (Type, P	rint)	19b. Meiling	Address (Street	end Number or Au	ural Route Number	er, City or Town,	Stete, Zip	Code)
e, N 1 and 1 Health 9m 27 i	other traumatic event, the Medical		MARIE JACGELINI	2	303	VAYIBR	54	Hullose	1 md.	216	43
			20a. Method of Disposition		ce of Disposi	tion (Name of story or other plea	20)	Date	20c. Location -	City or Tox	wn, State
0 0 -	٧٥٢		1 ☐ Burial 2 ☐ Cremetion 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	ai from State	D.	L. 10	Metr -	3/02/50	11.01.	i	ml
	injury	-	21. Signature of Funeral Service Licensee	ω,		Neme end Addre	es of Enolling		NULLIE	111	1 010
Balt permit. Departr Importa	ony ir				69	Tomo ond Addio.	SS OF F SCHILLY	11611400	No HI	HAR	4 1/5 PI
		_	CHANH		9	17 - W	D5 46.	5/14 3	5+ 5.	Alisba	buy md
			23a. Part1. Enter the disease, or complication shock, or heert feilure. List only one cet	is that ceused the death.	Do not enter	the mode of dyln	g, such es cerdied	or respiratory e	rest,		Approximete Intervel Between
Physic	_			10	\						Onset end Deeth
/Medi	_		Immediate Ceuse (Finel disease or condition	KAPOSI	SI	72 cor	A			1	342
Exami			resulting In deeth) 6. /	Due to (or	es e conseque		, ,				
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cute	rans	Examiner	Sequentially list conditions.	Due to (or e	es e conseque	ence of):		· · · · · · · · · · · · · · · · · · ·			Spes
en a			Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury c.							ĺ	
OX 68/60, certificate be executed nding physician and	9	O	thet initiated events	Due to (or a	as a conseque	ince of):					
o tilica	as a	9	resulting In deeth) Lest								
			d								
requires that the death sens signed by the etter	ŏ -	Physicia	Don't I Other elevitioned and distance and it is								
that the de	Che	2	Pert II. Other significant conditions contributi	ng to death but not result	ing in the und	erlying cause give	en in Part I.	23b. Did 1			the ceuse of death?
es that	ge dete							10	Yes No	3 Prob	ably 4 Unknow
necords,	8 1	200						04-144	outility and	04h 14/a	an automouth din a
v require	nou	100							en eutopsy med?	eve	re eutopsy findings ileble prior to
e law	2 2										pletion of ceuse leath?
The The	95 ad	Completed						101	es 2 Me	1 🗆	Yes 20 No
ysicien: The	octor,		25. Wes cese referred to medical				26. Plece of Dea	ith (Check only o	ne)	1	
- % 07		0	exeminer?	il: 1 ☐ Inpatient 2 ☐ El	R/Outpetient	3□ DOA Oth	er: 4 Nursing H	ome 5 Resid	lence 6 Oth	er (Specify)
g Physer this	e e			Dete of injury (Month, Day Year)	8b. Time of	28c. Injun Work			ow Injury occur		
i or Attending I efter death. Director: After		2	1 Statural 5 Pending Investigation	(WORLE, Day real)	Injury		Yes 2 □ No				
or Attended of the country of the co	7	2	3 Suicide 6 Could not be determined	. Plece of Injury - At hom	ie, farm, stree	t, factory, office		28f. Location (S	Street end Numb	er or Rural	Route Number,
Dire of or A	led in by the idness	5	4 Homicide	building, etc. (Specify)				City or Tou	n, Stete)		
To the Hospital or Attending Ph within 24 hours ofter death. To the Furneral Director: Affect hil			29a. Certifier 1 Certifying Physicien:	To the best of my knowle	edne deeth o	courred at the tim	e date and place	and due to the	ouco(s) and ma	nner en ete	ated
Hos Pur	pietery in	3	2 Medical Examiner: O	n the basis of examination manner stated.	n end/or Inves	stigetion, In my op	pinion, deeth occu	rred et the time,	dete end place,	end due to	the ceuse(s)
thin the			29b. Signature and title of certifier	d mariner stated.		29c. License	number		29d. Date signe	1 (Month C	lov Veerl
5 <u>₹</u> 5	2		· malla	E. 11		200. 21001130			O LO	2 -)
É			11 pare	0		02	638	8	5-19-	4/	
5		3	30. Name and address of person who complete	ed ceuse of deeth (Item 2	(Type, Pr	int)	MINS A	11 / 1	4-1		1.1-
			1 Michael F	Adden			111NS A	Kerlock	MA	216	13
	State	1	31. Dete filed (Month, Dey, Year)	32. Registrer's Signatur	re p	14.					
Reg	jistrai		MAR 2 7 1997	Julia diffusible	הסיים וויים	A.C.					

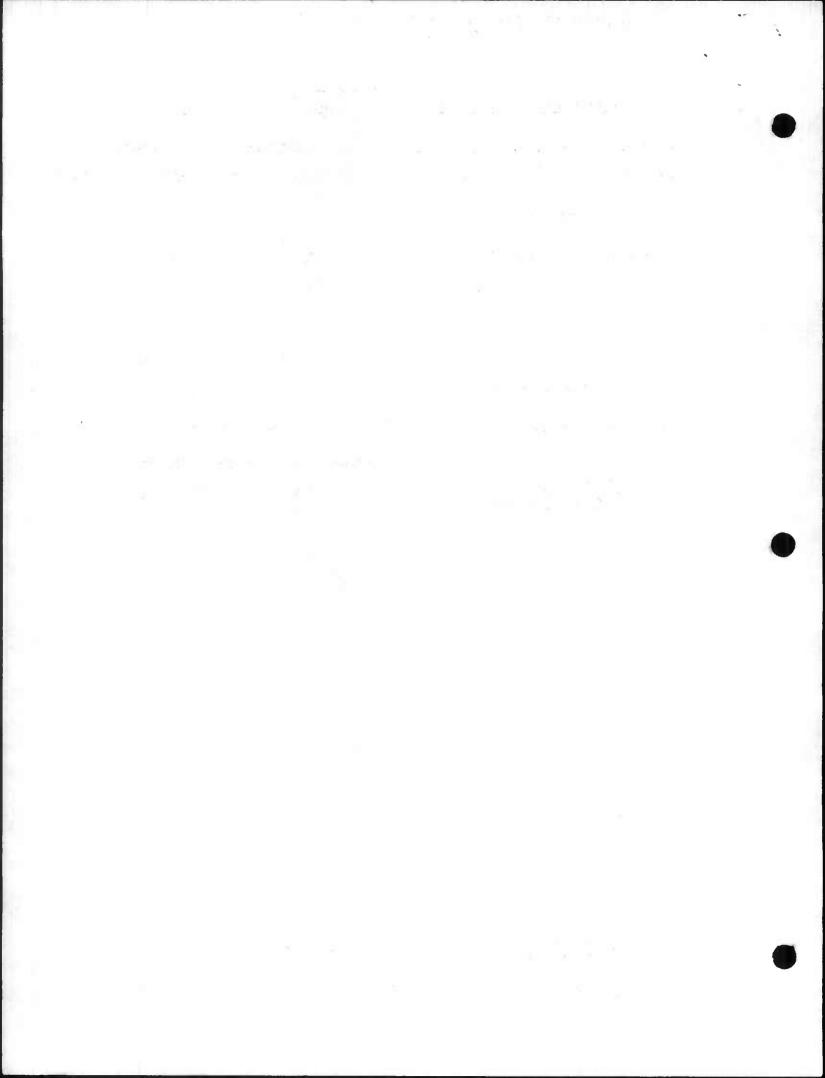


AMENDED #1, 3/20/97, B.P., WORCESTER CO.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 1 0205

						Certifica	ate of	Death	R	eg. No.		
			1. Decedent's Neme (First, Middle, Las	st)		([onow	ay)	2. Dete of Dear	th	NET.	3. Time of Deeth
	Physic		FRANKLI	N HAR	GIS	-0	ONO	LAY	Month	Dey H_14,19	Yeer	2355
	/Medi Examii		4e. Fecility Neme (If not institution, give		0.0				Location of Death	4c. County		7333
	Exami	iei										
1			PENINSULA REGIONA 5. Sociel Security Number 6. S		CENTE (In yrs. last		er 1 Yeer	SALISI If Under 24 Hrs	8URY 8. Dete of Birth		COMIC	
п	Funeral Director	П		12KM 2□ F 61	(31.)70. 100.	Yrs. Month	s Deys	Hours Min.	May 27	, Year)		lece (Stete or Foreign try)
			Usuei Residence of Decedant	01					Ividy 21	, 1933	Iviar	yland
	land		10e. Stete 10b. County	1	10c. City, To	own or Location					1	0d. Inside City Limits
	Very	ō	Md. Worcest	ter	Ber	·lin						1 ☐ Yes 2 No
	28a	Director	10e. Street end Number			106 7	ip Code			Og. Citizen of	Affron Cours	40.0
	with a or	ă	And the second s	City DI I		101. 2	×	0.11			WHAT COUN	ury r
	ath 23	graf	10330 Old Ocean			1.5.11	21			US		
	hours after death with the Maryland Lurel; or items 23a or 28a-f show at Examiner must be notified at	Funeral	11. Maritel Status	12. Wes Decedent Ev Armed Forces?		13. Wes Dec	edent of Hoseify Cube	ispenic Origin? (S in, Mexican, Puer	pecify Yes or No- to Rican, etc.)		ca - Americ ck, Whita,	
20	or of		1 Never Merried 2 Married	1 ☐ Yes 2 ☑ No If Yes, Give		1 ☐ Yes	2 No	Specify:		Specif	v: W	hite
00	Je d	d by	3 Widowed 4 Divorced	Year or Detes:						Open.	. 11	inte
Maryland 21215-0020	s within 72 hours of jiene. r than "natural", or the Medical Every	Completed	15. Decedent's Ed (Specify only highest gra	lucation de completed)	10	6a. Decedent's Us (Give kind of a	uai Occupa	ation during most of wo	rking	16b. Kind of B	usinass/ind	dustry
2	filed within 72 Hygiene. ther than "nel	du	Elementery/Secondery (0-12)	Collega (1-4or 5+)		life. DO NOT	use retired	during most of wo				
N	e filed within al Hygiene. I other than '	S	7			Brick Ma	ason			Cons	truct	ion
pu	0 -	Be	17. Fether's Neme (First, Middle, Last)					18. Mother's Ner	me (First, Middle, I	Maiden Suman	ne)	
/la	2 should be and Mental Is marked of reumatic ever	2	P. Walter D	onoway				Floren	ce Maggi	e Jacks	son	
an	d 2 should th and Mer 7 Is marke traumatic	-	19e. Informent's Neme/Reletionship (Type, Print)	1	9b. Mailing Addre	ss (Street		ural Route Number			Coda)
	de de la company		Geraldine Donawa	av		10330 OI	d Oce	ean City	Blvd., E	Rerlin M	/d 2	1811
ē,	s 1 and 3 f Health itsm 27 other tr		20a. Method of Disposition		20b. Pleca	of Disposition (A	ame of			20c. Location		
20	ege ant of t: H i		1 MBurlel 2 Cremetion 3 C			itery, crematory of	D		20 07			
Baltimore,	rtan rtan		4 Donetion 5 Other (Specify 21. Signature of Eugeral Service Licen		irin				3-20-97	Newark	, Md.	
Ba	pemit. Peges 1 an Department of Heal Important: If Itsm 2 any Injury or other once.		6 X /b.	1		THE	DIID	SS of Fecility	UNERAL	HOME		
	40140		23a. Part Enter the disease, or comp shock, or heart failure. List only	Intage	_	108	Willia	m St F	Rerlin M			
le.			23a. Part Enter the disease, or comp shock, or heart failure. List only	dications the caused the	ne deeth. D	o not enter the m	ode of dyin	g, such es cardie	or respiretory err	est,		Approximete Intervel Between
a	Physician			-							-	Onset end Deeth
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ш	Examiner		resulting In deeth)	e. Di	ue to (or as	a consequence of	n.	1000			-	IXMES
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	ansi	Examiner	Sequentially list conditions	b. 77 CV F	ue to (or es	e consequence o	M16	1 -0	THEN	027		ICHAS
Ć.	exection in er	EX	Sequentially list conditions, if any, leading to immediate causa. Enter Undertying Cause (Disease or Injury		(555		.,.					
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	lew requires thet the les been signed by th s 2 should be detech								1 Y	es 2 No	3 Prot	bably Unknown
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0	Ph eral		27. Menner of Deeth	28a. Date of Injury (Month, Dey Y		o. Time of	28c. Injun Worl		28d. Dascribe ho			,
0	offing H. Aft	atio	1 Naturel 5 ☐ Panding 2 ☐ Accident Investigation		(ear)	Injury M		Yas 2 □ No				
Division	l or Attending Phiefer death. Director: After thi In by the funeral	fica	3 ☐ Sulcide 6 ☐ Could not be	28a. Placa of injury	- At homa,	farm, straat, facto	ory, office		28f. Location (St	traat and Numi	ber or Rura	l Route Number,
á	or A effer Direct	Certification:	4 Homicide	building, efc.	(Specify)				City or Town	n, State)		
	To the Hospital or Att within 24 hours efter of To the Funerst Direct completely filled in by	-	29a. Certifier 1 X Certifying Phy	/sician: To the bast of r	my knowled	loe daeth occurre	d et the tim	ne dete end niece	and due to the co	ause(s) end m	annar as et	eted
	Pur Fur	edical	(Check only 2 Medical Exam	iner: On the basis of ex	xamination	end/or Investigetion	on, in my o	olnion, daeth occu	rred et the time, d	ete end plece,	end due to	the cause(s)
	Ithin change	Me	29b. Signeture end title of cartifier			2	9c. License	number	2	9d. Dete signe	d (Month.)	Day Year)
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		6	Myn L	//			1007	101		3/11/	7/	
		P	30. Nama end address of person who o		th (Item 23e	e) (Type, Print)	-					
			MEFFIRE NIEL	AND, M.D.		KNERSIDE	= DY.	BIOI	SALISBUI	9,000	2/12	0/
	Sta	-	31. Dete filed (Month, Day, Year) 1997	32. Registrer's	s Signeture	A						
	Registr	ar	N U 1331	SHELLA WITHING	LAND IN	. 17 . 00						



Amended lines 20c 73. Farrell Sti8/97 FCHD
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		December 11 Name (First 14 days	1			(Certif	icate	e of	Death	7	Reg. No.		10206
ysician /ledical	L	. Decedent's Name (First, Middle,	Ca	roli	ne	Ida	DO	UGHI			2. Date of De Month March	Day 14, :	Year 1997	3. Time of Death 9:15 A.M.
aminer	46	e. Facility Name (If not institution,		,							Location of Death	4c. Count	y of Death	
	5	Northampton Man Sociel Security Number	or Nurs				eta al H	Under	1 Vaar	Frederi			ceder	
ral lor		161-05-8416 sual Residence of Decedent	1 M 2 XF	7. Age	88	last birth	M	onths	Deys	Hours Min		y, Year) 1908	9. Birthi Cour Penn	place (State or Foreign ntry) sylvania
	-	Da. State 10b. County			10c. Cit	ty, Town	or Locati	on						I Od. Inside City Limits
Ş	N	Maryland Fred	lerick						Wa	lkersvil	le.			1 ☐ Yes 2 No
je je	10	De. Street and Number					1	Of. Zip	Code			10g. Citizen of	What Coul	ntry?
a,		7994 Pleasant	Oak Dri	ve					217	93		Ţ	J.S.A	
by Funeral Director	•	Marital Status Never Married 2 Marrie Widowed 4 Divorcad	12. Was De Armed F 1 Tes If Yes, G Year or	Forces? 2 XNo Sive		,S.		Decedes, spec		tispanic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	14. Rad Ble	ce - Americ ck, White,	etc.
eted		15. Decedent's (Specify only highest	Education	0		16a. D	ecedent	's Usua	I Occup	ation	artin a	16b. Kind of B	usiness/in	dustry
Completed		Elementary/Secondary (0-12)		(1-4or 5+)	7	Home			during most of wo	rking	Dome	estic	
Be	17	7. Father's Name (First, Middle, Li								18. Mother's Ne	me (First, Middle,	Maiden Sumer	ne)	
5		Edward			G	RAHA				Juli			AFES:	
		9a. Informant's Name/Relationshi									urel Route Numbe			
8		Bernadette Santo	re, Dau	ghtei		/99	4 P]	Leas	ant	Oak Dri	ve, Walk	ersvill	e, M	21793
	20	2a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Special Control of Control		State		Place of Demetery, Cat					3/17/97	20c. Location		
any injury or other tr		1. Signature of Funeral Service Li	4 Rul	y		00703	Kee 106	eney Ea	& .st	ss of Facility Basford Church S	P.A. Fun	eral Ho	•	21701
an al er	In	Part1. Enter the disease, or conshock, or heart feilure. List or namediate Cause (Final isease or condition.)	ly one cause on			7.5						rest,		Approximate Interval Between Onset and Death
	1	esulting In deeth)	θ			r as a co			116	COLITI	5			(out)s
Examiner	S	aquentially list conditions	b	D	ue to (o	ras a coi	nsequen	ce off:						
EX		equentially list conditions, any, leading to Immediate ause. Enter Underlying			20 10 (0	. 43 4 00	130 Quoi ii	00 01).						
Aedical Examir	th	ause (Disease or Injury at Initiated events soulting in death) Last	C	Dt	e to (or	r as e cor	sequenc	ce of):						
-		Soling in South, East	d										į	
y Physician/M	Pa	et il. Other elemiticant conditions	anntelleuting to	danath bus		.h! l- Al				1.5.41	001 011			
by Physician/M	-	nt II. Other significant conditions	SMO T	. ^				lying ce	use giv	en in Part I.		obacco uee co		o the cause of death?
pleted			HTW (HYPE	RIG	سې د	رر				24a. Was a	an autopsy med?	CO	ere autopsy findings allable prior to mpletion of ceuse death?
E Co			ASCUD	(400	2-1	2150	(-,)				1 🗆 Y	es 200 No	10	Yes 2□ No
To Be	25	. Wes case referred to medicel examiner?	7(3=0)	HEE	114-4	D(3e)	ms /			26. Place of Dec	eth (Check only o	ne)		
To		1 Yes 2 No	Hospital: 1 🗆	Inpatient	2 🗆 1	ER/Outpa	atient 3	DO/	Oth	4	fome 5 ☐ Resid		er (Specify	v)
ation:	27	Menner of Death Natural 5 Pending Accident investigat		of Injury oth, Day Y	'ear)	28b. Tim Inju			c. injun Worl		28d. Describe h			- 113
Certification: To		3 Suicide 6 Could not determine	d 28e. Place	e of Injury ling, etc. (- At ho Specify	me, farm	, street, f	factory,	office		28f. Location (S City or Tow		er or Rura	l Route Number,
											1			

To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by (

30. Neme and address of person who completed ceuse of deeth (Item 23a) (Type, Print)

Dr. Richard L. Gough, M.D., 19 Frederick Street, Walkersville, MD 21793

Date filed (Month, Day, Year)

MAR 1 7 1997

MAR 1 7 1997 31. Date filed (Month, Day, Year) MAR 1 7 199

15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and pleca, end due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and menner stated.

29c. License number

D32171

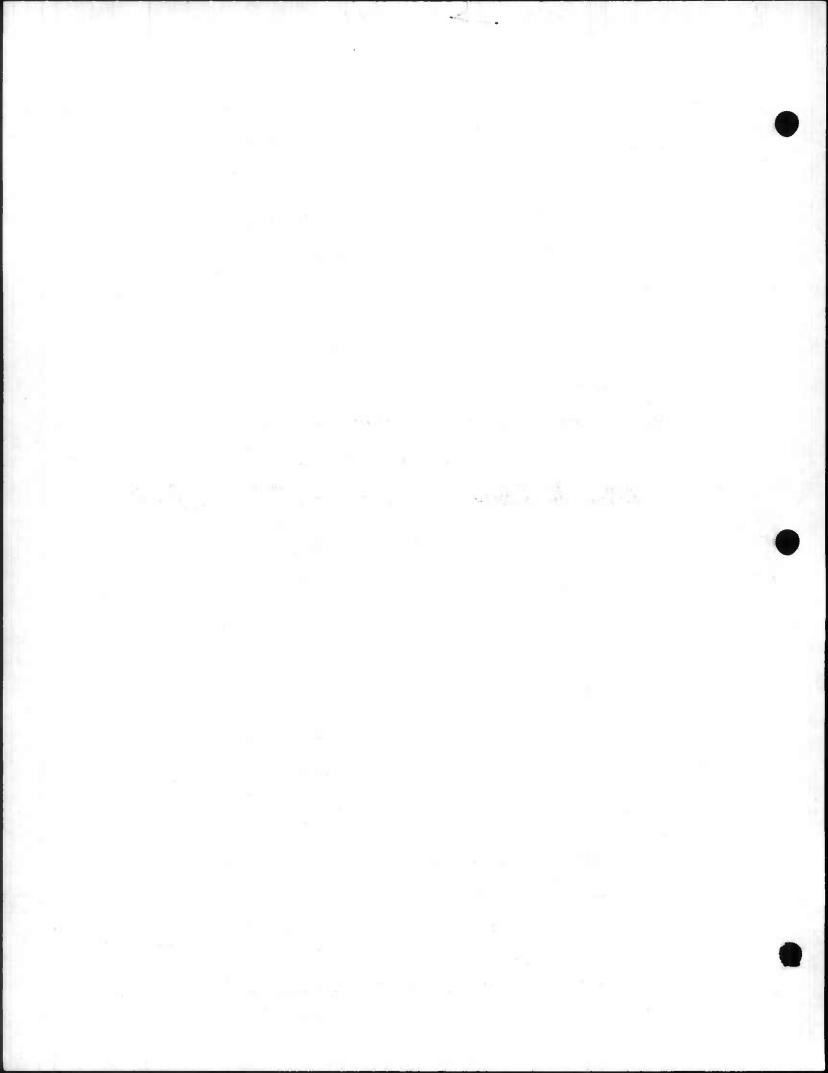
29d. Date signed (Month, Day, Year)

March 15, 1997

State Registrar

29a. Certifier (Check only one)

29b. Signature and title of certifie



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Dey **Physician** WILLIAM JOSEPH DAVIS 1997 MARCH 16. 15:55 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 13113 CREAGERSTOWN RD. THURMONT FREDERICK If Under 1 Year Hours Min. 8. Date of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Deys Months 100M 20 F Yrs Director 197-22-4584 67 JULY 26, 1929 PENNSYLVANIA Usual Residence of Decedent with the Maryland 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Directo MD FREDERICK THURMONT 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 13113 CREAGERSTOWN RD. 21788 USA Funeral permit. Peges 1 and 2 should be filed within 72 hours effer deet Department of Heelth end Mental Hygiene. Important: If filem 27 is marked other than "netural" any injury or other traumatic event 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. Never Married 2 Married 1 XYes 2 No If Yes, Give Yeer or Detes: 1□Yes 2√□No þ 3 ☐ Widowed 4 ☐ Divorced Specify WHITE KOREA 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 POSTAL CARRIER U.S. GOVT. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) **GEORGE** WILLIAM DAVIS AGNES NAMESTKA 2 NMT 19e: Informent's Neme/Ralationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) GRACE A. ROSENFELD 1220 CRAINE DR.. CHERRY HILL, N.J. 08003 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) SMITHSBURG CREMATORY 3/17/97 SMITHSBURG, MD 21. Signature of Funerel Service Licenses 22. Name and Address of Facility ROBERT E. DAILEY & SON. P.A. 615 E. MAIN ST., THURMONT, MD 21788 art1. Enter the disease, or complications that caused the deeth. Do not entar the mode of dying, such es cardiac or respiretory arrest, shock, or haart fellure. List only one ceuse on each line. Approximate Interval Between Onset and Deeth Physician /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner acitic valve Vulae physician and s the burial-trans Sequantielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last ormany Physician/Medical Due to (or es e consequence of) for use es signed by the e Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown p 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed peed hes 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certific. funeral director, 25. Wes case referred to medical axaminer? Be 28. Pleca of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) Certification: 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending 1 DNeturel 1 ☐ Yes 2 ☐ No 2 Accident investigetion 6 Could not be datarmined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide 24 hours To the Hospi within 24 hou To the Funer completely fil Medical 29a, Cartifier 12 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, deta end place, end due to the causa(s) end manner as stated. 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) MARCH 17, 1997 30. Neme and eddress of person who complated cause of deeth (Item 23a) (Type, Print)

State Registrar

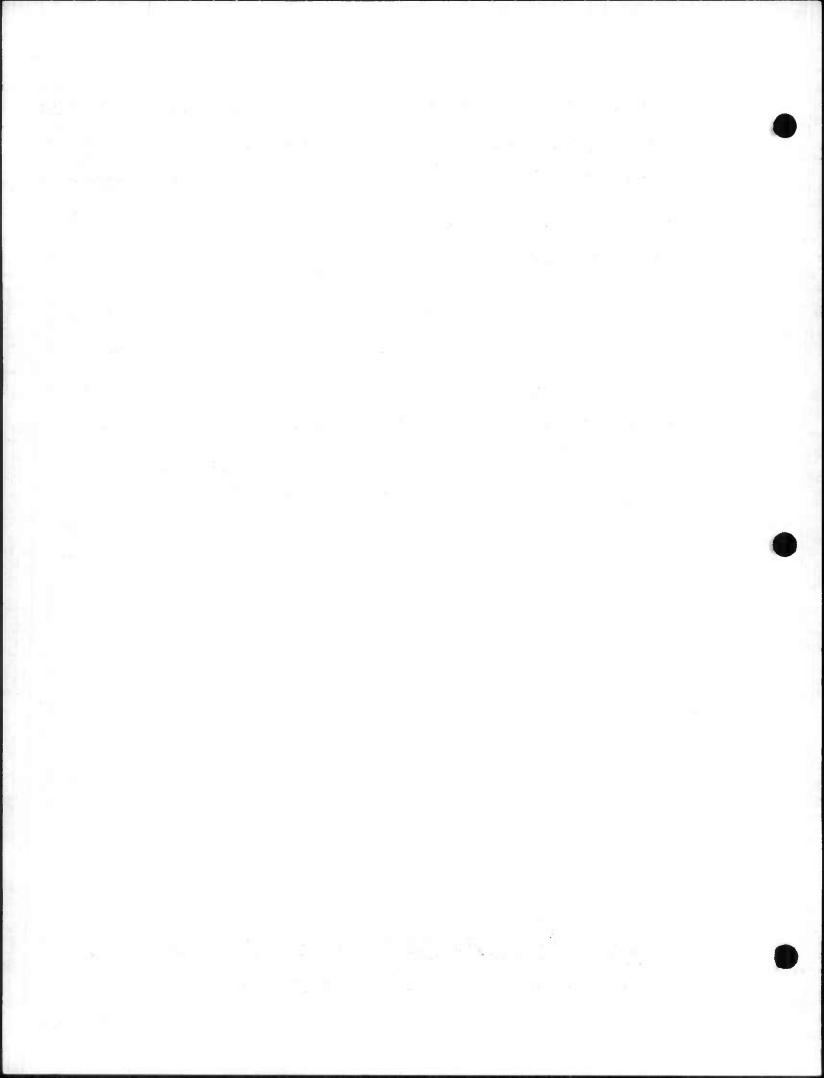
BRAD J. COOPER. M.D.

31. Deta filed (Month, Dey, Year)



52 WATER ST.. THURMONT. MD 21788

DHMH 16 Rev 6/95



State of Maryland	Department of	f Health and	Mental Hygiene
orate of trial flatter	Department	i i icaitii and	Wichital Hygichic

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month Vee Michael Joseph Deep 17 1997 March 8:30PM /Medical 4e. Fecility Neme (If not institution, giva straat and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 3320 King William Drive 01ney Montgomery If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Months Deys Hours 1 M 2□ F 59 Director Yrs. 578-44-8795 Sept. 20, 1937 Washington D.C. Usual Residenca of Decedent 10b. County Montgomery 10a. State Md. 10c. City, Town or Location Olney 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2 XNo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ö 3320 King William Drive 20832 United States Items 23a Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give [∆] Year or Dates: Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filled within 72 hours effer c Depertment of Heelih and Mental Hygiene. Important: If Item 27 Is marked other than "netural, or item any Injury or other traumatic event, to the pages. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: White 3 ☐ Widowed 4 ₺ Divorced Completed 15. Decedent's Education (Specify only highest greda complated) 16e. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Sheet Metal Worker Construction 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middla, Maidan Sumama) Michael C. Deep Louise Gibboney 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) 18407 Paradise Cove Trail, Olney, Md. 20832 Cynthia L. Lessig (Daughter) 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete Mag 21 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Parklawn Memorial Park Rockville, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name and Address of Fecility 10 East Deer Park Drive DeVol Funeral Home Gaithersburg, Md. 20877 Inter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cerdiac or respiretory arrest, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final SEPSIS IWEEK disease or condition resulting in death) **Examiner** Due to (or as a consequence of): Examiner SYNDROME ACQUIRED IMMUNO DEF ICIENCY ettending physician end for use es the bunel-transit The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760. Physician/Medical Due to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No signed t THRUSH Records. þ director, page 2 should 24b. Were eutopsy findings evailable prior to Completed 24a. Was an eutopsy performed? completion of ceuse of death? this certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA filled in by the funeral 27. Manner of Death Certification: Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 5 Pending investigation 1 Naturel s after death. 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Straet and Number or Rural Route Number, City or Town, Stata) 4 Homicide Hospital within 24 hours a 1x Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medicai 29a. Certifier completely (Check only one) the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month. Day, Year) D 35941 MARCH 18. 1997 M.D 0 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) Dr. Puran P. Mathur 50 West Edmonston Dr. #401 Rockville,Md. 20852 31. Date filed (Month, Day, Yaar) 32. Registrar's Signature State whia Davidson MAR 2 0 1997 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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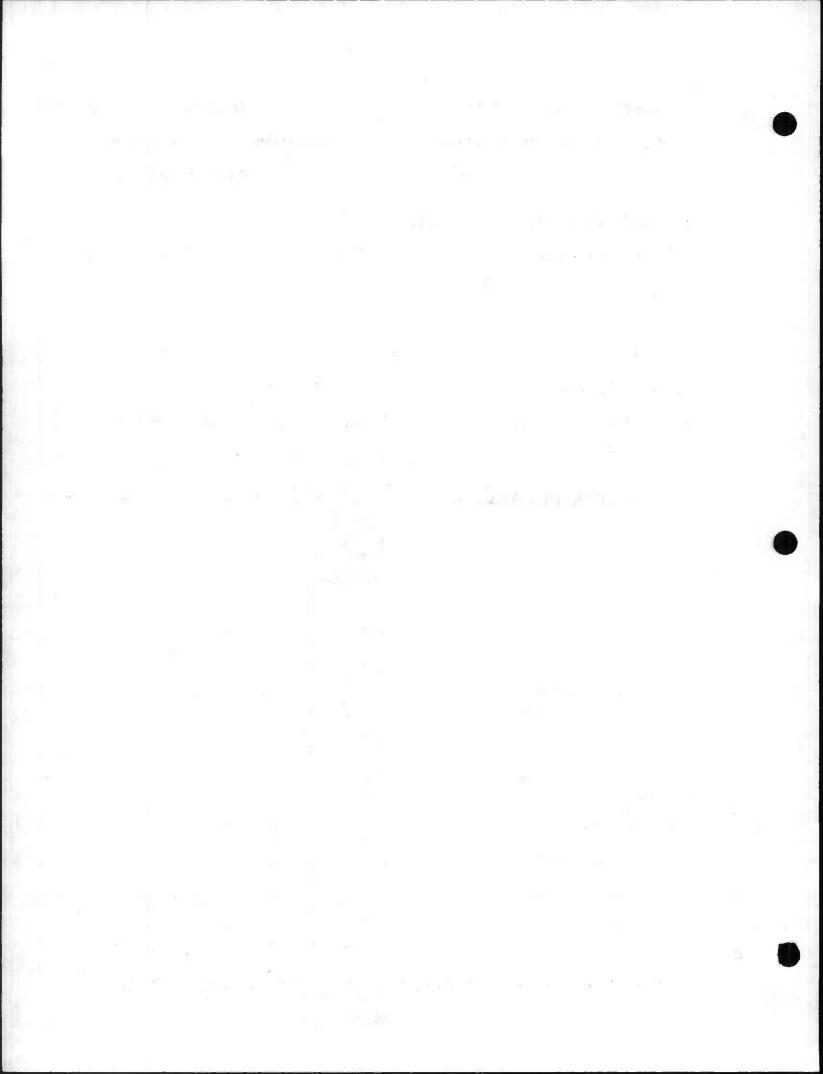
Certificate of Death 2. Date of Death 1. Decedent's Nama (First, Middla, Last) 3. Tima of Death MARCH 16, 1997 **Physician** THOMAS FRANCIS DELANEY 8:45am /Medical 4a. Facility Neme (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** PRINCE GEORGE'S CO.

9. Birthplace (Stata or Foraign DOCTORS If Undar 1 Yeer | fr Under 22 Hrs. | B Data of Birth (Month, Days | Hours | Min. | March 11, 1913 COMMUNITY HOSPITAL 6. Sax 7. Aga (In yrs. last birthday) 5. Social Sacurity Numbe **Funeral** XX M 2 F New Jersey 84 Yrs. 578-05-5278 Director Usuel Rasidance of Decedant the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's Greenbelt XXYes 2□ No Director 10e. Street and Number 10f. Zlp Code 10g, Citizan of What Country? Pages 1 and 2 should be filed within 72 hours efter death with 1 ment of Health and Mentel Hygiene. Internation into it flam 27 is marked other than "natural", or flems 23a or : any or other traumatic event, the Marcell Exerting ment had 9-B Southway Road 20770 United States Funeral 12. Wes Decedant Evar in U,S. Armed Forcas? XXX Yes 2 □ No ff Yas, Giva Yaar or Datas: WWII Was Decedent of Hispenic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Rece - American Indien, Black, Whita, atc. 1 Navar Married 200 Married Baltimore, Maryland 21215-0020 1 ☐ Yas XX No Specify: White Completed by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usuel Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacadant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Heavy Equipment Operator Construction 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middla, Maidan Surnama) Be Jeremiah Delaney **Blanche** Edmonds 19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Route Number, City or Town, Stata, Zip Coda) Juanita M. Delaney (wife) same as #10 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stete Burial 2 Cramation 3 Ramoval from State Department of Important: If any Injury or Ft. Lincoln Cemetery 3/19/1997 Brentwood, Maryland 4 □ Qonation 5 □ Other (Specify) Donald V. Borgwardt Funeral Home, P.A. Mareh 4400 Powder Mill Road Beltsville, Maryland20705 23a. Part1. Enter tha disaasa, or complications that caused the daath. Do not antar tha moda of dying, such es cardiac or respiretory errast, shock, or haert failure. List only one cause on aach lina. Approximate Interval Batween Onsat end Death Physician /Medical Immediate Causa (Final Bilateral diffuse Interstitial Brigamonia disaasa or condition rasulting in daath) Examiner Examiner Balmonary Edema Dua to (or as a consaquanca of): or Attending Physician: The law requires thet the death certificate be executed Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Disaasa or Injury that initiated avents rasulting in daath) Last Pocherado de sorra Aortic stenosis with popurgitation yours Box 68760, Be Completed by Physician/Medical Essential Them Every tosis with maple politera - 4,0000 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Rxm (double Ca (1983) 23b. Did tobacco use contribute to the causa of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings eveileble prior to completion of cause of daath? 24e. Was an autopsy periomed? 1 Yes 20 No 1 ☐ Yes 2 ☐ No 25. Was case rafarrad to medical axaminar? 26. Placa of Daath (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) Certification: To 1 Yas 2 No 27. Mennar of Death 28b. Tima of 28d. Dascribe how injury occurred Natural 5 Panding hours after death. 1 Yas 2 No invastigation 2 Accidant 6 Could not be determined 3 Suiclda 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 HomicIda 24 hours a Hospital 15 Certifying Phyaician: To tha best of my knowledge, daeth occurred at tha tima, data and placa, and dua to tha cause(s) and menner as steted.
2 Medicat Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to tha cause(s) and mannar statad. 29a. Certifiar Medical (Check only one) within 2 To the 29b. Signature and title of certifier 29d. Data signed (Month, Day, Year) 8118 Goodlack Rd, Lanham ALLO 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State The Davidson Registrar MAR 1 8 1997

State of Maryland / Department of Health and Mental Hygiene 97

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П			1. Decedent's Neme (First, Middle, Las	st)							2. Dete of De	ath		villa i	3. Time of Deeth
	Physic /Medi		Marguerite Wrigh	nt Dickinso	n						March	16,	1997	Yeer 7	10:43 AM
	Exami		4e. Fecility Name (If not institution, give	street end number)					4b. City, To	wn, or Lo	ocalion of Deatl		c. County	of Deeth	
1			Shady Grove Adver	ntist Hospit	al				Rockvi	ille			Montg	omer	V
r	Funeral	Г	5. Social Security Number 6. S	ex 7. Age (In	yrs. lest birt	thday)	If Under	1 Year	If Under	24 Hrs.	8. Dale of Bir				plece (Stete or Foreign ntry)
L	Director		577-60-0516	□M 2)(C) F 83	,	Yrs.	Months	Deys	Hours	Min.	8. Dale of Birth (Month, Dey, Year) October 29, 1913 Te			Tenne	ntry)
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	how		10e. Slate 10b. County	100	c. City, Towr	or Loc	cation							1	0d. Inside City Limits
	a-f s	cto	Maryland Montgome	ery P	otomad	С									1 ☐ Yes 2 ☐ No
	th th	ire	10e. Street end Number				10f. Zip	Code				10g. C	itizen of V	Vhet Cour	ntry?
	h wi	Funeral Director	12201 Piney Glen I	_ane			20	854				Un	ited	Stat	es
	dea	ne	11. Marilel Status	12. Was Decedent Ever	in U,S.	13. W	as Deced	leni of l	Hispenic Ori	gin? (Spe	ecify Yes or No Rican, etc.)	-			ean Indian,
0	or the	F	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 1 No						i, Puerto	Hican, etc.)		Blec	k, White,	etc.
02	Sur.	by	3X Widowed 4 □ Divorced	If Yes, Give Year or Dates:		1	☐ Yes 2	2 LIVNO	Specify:				Specify	Whi	te
Maryland 21215-0020	should be filed within 72 hours after death with the Maryland nd Mental Hygiene, reacted other than "natural", or items 23s or 28s-f show umsite event, the Medical Energies in the De notified at	Completed by	15. Decedent's Ed (Specify only highest gra-	ucation	16a.	Decede	ent's Usue	Occu	pation	a and assemble		16b.	Kind of Bu	siness/ind	dustry
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2	y be refined with the r	5	12			Ana	lyst				41	N	.I.H.		
nd	a a di di	Be	17. Fether's Name (First, Middle, Last)						18. Mothe	er's Name	First, Middle,	Maide	n Sumem	Θ)	
yla	Ment Ment arked	2	Arter Bridge Wrigh	nt					Ada L	ee F	ew				
ar	and semi	ľ	19a. Informent's Name/Relationship (7	ype, Print)	19b.	Mailing	Address	(Street	t end Numbe	er or Rura	al Route Numbe	er, City	or Town,	Stete, Zip	Code)
≥ .	and salth		John Fletcher Dick	cinson	122	201	Pine.	y G	len La	ine,	Potoma	c, I	Maryl	and	20854
ore	of He		20e. Method of Disposition		b. Plece of	Dispos		ne of		i	Dete		Location -		wn, Stete
Ĕ	Page lent: nr: H		1 ☐ Burial 2 ☐ Cremelion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Hemovei from State	Chesar				,	13	3-17-97	Be 1	tsvil	le.	Maryland
altimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Depertment of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Experience main be notified at once.		21. Signalure of Funeral Service Licens			22.	Name and	d Addre	ess of Fecilit	v			00	,	i ar y rana
m	Depermine Deperm		1 Case a	0.0		Ra	pp F	une	ral Se	rvic	ces, P.	Α.			
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	Dhusialan		shock, or heart failure. List only of	one ceuse on each line.	deetii. Do ii	or ente	i ille illoue	e or Gyr	ng, such es	Cal Glac C	i respiretory er	1051,			Approximete Intervel Between Onset end Death
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	eath certificate be executed attending physician and for use es the burial-transit		resulting in deeth) Lest	Due	to (or es e co	onsequ	enca or):								
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0	Attending Part death.	tion	1 Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Yea	r) In	jury	м	Bc. Injui Wo	rk? Yes 2 □ N		.ou. Describe i	iow iiiji	ary occurre	50	
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DIVISION	or Att efter d Direct d in by	Certification:	4 ☐ Homicide determined	building, etc. (Sp	ecity)	iii, stree	oi, lacioly,	Onice			City or Tou	m, Stel	te)	or nura	noute wallber,
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	To the Hospital or within 24 hours effer To the Funeral Director Completely filled in the completely filled in the complete of	edical	(Check only 2 Medical Exami	sician: To the best of my ner: On the basis of exan end menner sleled.	ninelion end	or inve	stigetion, i	in my o	pinlon, deet	h occurre	ed et the time,	date en	od placa, e	nd due to	the ceuse(s)
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			30. Name and eddress of person who co Joel Schulman, M. [3 d	Do+h-		Maxid	- A	200	1./	
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					Cei	tificate of	Death		Reg. No.		
	Physic /Medi		1. Decedent's Name (First, Middle, Last) ROSA(1 e	Eileen F	Dona	hue		2. Date of De Month	eth	997	3. Time of Deeth 5:40 AM
1	Exami		4a. Facility Name (If not institution, give s Laurel Regional Hos	treet end number)			4b. City, Town, or Laure 1	Location of Deat	h 4c. County	of Death	orge's
	Funeral Director		370-02-2011	M ofter	s. last birthdey) 6 Yrs.	If Under 1 Year Months Dey:		. (Month, De	rth ey, <i>Year)</i> r 14, 191	Coun	lace (State or Foreign try) Sachusetts
	la Maryland Ba-f show	Director	Usual Residence of Decedent 10a. State 10b. County Maryland Anne Art		City, Town or Lo	cation				11	0d. inside City Limits 1) Yes 2 □ No
	23a or 2		10e. Street and Number 1555 Farlow Avenue			10f. Zip Code 211.	L4		10g. Citizen of United		
020	72 hours after death with the Maryland natural', or items 23e or 28e-f show dical Examinet must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 N Widowed 4 Divorced	2. Was Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☒ No if Yes, Give Year or Dates:	11	Vas Decedent of Yes, specify Cu ☐ Yes 2 1 No	Hispanic Origin? (ben, Mexican, Pue Specify:	Specify Yes or No to Ricen, etc.)	Specif	e - Americ ck, White, o	
Baltimore, Maryland 21215-0020	within ena. than	Completed	15. Decedent's Educ (Specify only highest grede Elementary/Secondary (0-12) 12	etion completed) College (1-4or 5+)	(Give	ent's Usual Occi kind of work don OO NOT use retir	e during most of wo ed)	orking	16b. Kind of B		lustry
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lan	d 2 should th and Men 7 Is marke traumatic		19a. Informant's Name/Relationship (Typ		19b. Mailin	g Address (Stree	et end Number or F			Stete, Zip	Code)
3, N	s 1 and 2 if Health item 27 I		Lawrence Larson	Son			Avenue, C	rofton,			114
imore	permit. Pagas 1 Departmant of H Important: If ites any Injury or ott ance.		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specity)	moval from State	•	sition (Neme of petory or other pi Ke Crema	,	3-20-97	20c. Location -		
Ball	Depart Import any Inj		21. Signature of Funeral Service Licensed	Dela	R	Name and Add app Fune 33 Gist	ress of Facility eral Serv Avenue,	ices, P.	A.	MD 2	0910
			23a. Part1. Enter the disease, or complic shock, or heart failure. List only one	etions that ceused the decause on each line.							Approximete intervei Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting In death) a.	5ep							Onset and Death 3 days
L	be sit	liner	a b.	1.).	(or es a consequence of the cons						3 days
90,	oe axacut clan and vurial-tran	i Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury	Deme	(or es e consequence of the cons	uence of):					5 years
x 68760,	certificata be axecuted ding physician and isa as the burial-transit	/Medical	that initieted events resulting in death) Last	Due to	(or es e consequ	ience of):					
P.O. Box	death e attan	Physician	Part II. Other significant conditions contri	ibuting to death but not re	esulting in the un	derlying ceuse g	iven in Part I.				the cause of deeth?
	is that gned b	by PI						10	Yes 2 No	3 Prob	ebly 18 Unknown
Division of Vital Records,	a law requiras that tha has been signed by th ja 2 should be datache	Completed							an autopsy ormed?	eve	ere autopsy findings pilable prior to appletion of cause death?
<u> </u>	Tha ata h page	Соп						10	Yes ZXINO	1 🗆	Yes 10 No
Zi Zi	Physician: The rthis cartificate ral director, pa	Be	25. Wes cese referred to medicel examiner?	spital:			26. Place of De	ath (Check only	one)		
o	£ # 5	- T	1 Yes 2 No	28a. Dete of Injury	ER/Outpatient 28b. Time of	3LI DOA	4 LI Nursing	Home 5 ☐ Resi	dence 8 Doth)
sion	anding sath. or: Aftar	ation	1 Natural 5 Pending investigation	(Month, Dey Year)	Injury	28c. inju W	ork?]Yes 2 ☐ No				
<u>Š</u>	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th complataly filled in by the funeral	Certification:	3 Sulcide 6 Could not be determined	28e. Place of Injury - At building, etc. (Spec	home, farm, stre	et, factory, office		28f. Location (City or To	Street end Numb wn, State)	er or Rural	Route Number,
	he Hospi in 24 hou he Funer plataly fil	edicai	29a. Certifying Physic (Check only one)	clen: To the best of my kn r: On the basis of examin and manner stated.	owledge, deeth ation and/or inv	occurred at the testigation, in my	ime, dete end place opinion, death occ	e, end due to the urred at the time,	ceuse(s) end me date end place,	enner es sta and due to	ated. the cause(s)
	To withi	Σ	29b. Signeyore and title of certifier	1		-	se number		29d. Date signe 3 - (9 — (ay, Year)
	,0		30. Name and address of person who com Paul Armstro.	pleted ceuse of death (Ite	om 23a) (Type, F	Print)	Pr. #	(02 L	aurel	2070	7

Registrar

MAR 2 0 1997

State of Maryland / Department of Health and Mental Hygiene

					Cer	tificate of	Death		Reg. No.				
	Physicis		1. Decedent's Name (First, Middle, Lest)				2. Dete of Deeth 3. Time of					
	Physici		Margaret Ruth Do	naaett				March	15, 199	7 ^{Yeer}	2:05 PM		
8	/Medi Examir		4a. Fecility Name (If not institution, give	~~			4b. City, Town, or I	1 1 1 1 1 1 1			2.03 111		
	Examii	ner	Holy Cross Hospita				Silver S			omery	,		
! —						If Under 1 Vee							
	Funeral		5. Social Security Number 6. Se	IM OFYE	s. lest birthday)	If Under 1 Year Months Deys		8. Dete of B	rth Pay, Year)	9. Birthpl	lece (Stete or Forei		
	Direct with the Maryland me 23a or 23a-f show rimant be notified at		213-30-3903	8	35 Yrs.			Septembe	er 14, 191	1 Mary	yTand		
			Usual Residence of Decedent	1							977		
		u	10e. State 10b. County	10c. C	City, Town or Loc	cation				10	0d. Inside City Limit		
	W T	ş	Maryland Prince Ge	eorge's Uni	versity	Park					1 ☐ Yes 2X☐ N		
	1 28 E	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of	Whet Count	try?		
	th with	0	4009 Tennyson Road			20782			United	State	ates		
	death rms 2	Funeral	11. Marital Status	12. Wes Decedent Ever in	IIS 13 W		Hispanic Origin? (S	nacihi Vae or N			merican Indian,		
		5	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 🖪 No	lf lf	Yes, specify Cul	Hispenic Origin? (S ban, Mexican, Puert	o Ricen, etc.)	Ble	ck, White, e			
20	s of	by F	3 Widowed 4 Divorced	If Yes, Give	1	☐ Yes 2 No	Specify:		Specif	y: 111-2	4		
8	noni ni	D		Yeer or Dates:						Whi	те		
Maryland 21215-0020	within 72 hours efter ene. then "natural", or ite he Medical Examine	Completed	15. Decedent's Edu (Specify only highest gred	cation e completed)	(Give I	ent's Usual Occu kind of work done	during most of wor	king	16b. Kind of B	usiness/Ind	lustry		
12	within ene. than	lg.	Etementery/Secondery (0-12)	Cotlege (1-4or 5+)	life. D	O NOT use retin	ed)	1,5					
7	NAME AND ADDRESS OF THE OWNER, TH	00	12		home	maker			own ho	me			
Du	be filed tal Hyg d other	Be	17. Father's Name (First, Middle, Last)				18. Mother's Nan	ne (First, Middle	e, Maiden Sumer	ne)			
0		To	George Andrew Heine	eman			Margare	t Matil	da Haesl	qo			
37	d 2 should th and Mer 7 is marke traumatic	-	19e. Informent's Name/Reletionship (T)		19b. Mailine	a Address (Stree	at end Number or Ru				Code)		
2	trai trai		Darolyn Thomas				Road, Un						
a ·	of Health Item 27 other tr		20a. Method of Disposition	20h	Placa of Dispos		Road, on	Dete			and the same of th		
0	Pages Tent of nt: if he		1 ☐ Burial 2 🂢 Cremation 3 ☐ F		cemetery, crem	etory or other pla	ace)	Dete	20c. Location	City or To	WII, Stele		
Baltimore,	permit. Page: Department or important: if I any injury or once.		4 ☐ Donetion 5 ☐ Other (Specify)		nesapeak	e Crema	tory	3-17-97	Beltsvi	11e,	Maryland		
a a	Depart Import any in		21. Signeture of Funeral Service License	00	22.	Name and Addr	ral Servi	D	۸	-			
m	82788		100 -0 OI	2-0									
P	_	-	Caron al	202			Avenue, S			laryla			
			23a. Pert1. Enter the diseese, or compl shock, or heert failure. List only or	ne cause on each line.	etn. Do not ente	r the mode or dy	ing, such es cardiac	or respiretory	errest,	1	Approximete Intervel Between		
F	hysician										Onset end Death		
	/Medical		Immediate Ceuse (Finat disease or condition										
1	Examiner		resulting in death)	Due to	(or es e consequ	uence of):		_			0090		
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	sate be executed thysician and the bunel-transit	Examiner		Due to	/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	be executed ician and purel-transi	Xa	Sequentially list conditions, If any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury										
68760,	cate be ex physician s the bune		Ceuse (Disease or Injury	o						į			
87	certificate Iding phys Ise as the	n/Medical	that initiated events resulting in deeth) Last	Due to (or as a consequ	ence of):							
	E 00 65	Me											
		an/											
m :	that the death led by the etter detached for u	Physicia	Part II. Other eignificent conditions con	tributing to death but not re	sulting in the un	derlying cause o	iven in Pert I.	23b. Did	tobacco use co	ntribute to	the cause of death		
P.O	ach th	h	0	11	1	1		1	Yes 2 300	3 Prob			
	es ma igned	y P	(Duy estru	Teers	tai	une			105 219010	0 1100	ably 4 Olikilo		
Records,	requires that the seen signed by th hould be detache	d by	,					240 Ma	s en autopsy	24h We	re eutopsy findings		
Ö	been si should	Completed							ormed?	eve	pileble prior to		
ec	as t	ğ								of d	leeth?		
H	ne law sete has b page 2 s	5						10	Yes 2 Dano	1 🗆	Yes 2□ No		
		Bec	25. Was case referred to medical				26. Plece of Dea	th (Check only	one)				
of Vital	r this certific	ToB	exeminer? 1 Yes 2 W/No	lospitel: 1 Impatient 2	☐ ER/Outpetient	3 DOA 01	thos:			o. (Canaih	4		
o ;	r this ral di		27. Menner of Deeth	28e. Date of Injury	28b. Time of				idence 6 Oth		"		
ב	h. After funer	0	1 Naturet 5 ☐ Pending	(Month, Dey Year)	Injury	28c. Inju Wo M 1E		200. 2000/100	non injury coods	100			
Division	Attending ir death. actor: After by the fune	ca	2 Accident Investigation 3 Suicide 6 Could not be]Yes 2□No						
≥ :	or Ar after o Direction by	듣	4 Homicide determined	28e. Placa of Injury - At to building, etc. (Spec		et, fectory, office			(Street and Numb wn, Stete)	per or Rurei	Route Number,		
Δ .	rs af	Certification:											
1	nosprai 24 hours a Funeral i stely filled		29a. Certifier Certifying Physics	elclan: To the best of my kn	owledge, deeth	occurred et the t	ime, date end pteca,	end due to the	ceuse(s) end me	enner es ste	eted.		
:	w	\simeq	(Check only 2 Medical Exemin	ner: On the besis of examin	ation end/or Inve	estigation, in my	opinion, death occur	rred et the time	, dete end placa,	end due to			
	24 P F	N	one)	and manner stated.							the ceuse(s)		
3	othe r	Medical	29b. Signard and title of Jertifler	end manner stated.		29c. Licen	se number	T	29d. Date signe	d (Month, E			
	to the nospital or attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune.	Med	one)	end manner stated.	11 -	_					Dey, Yeer)		
		Med	29b. Signardin and title of Jertiller	foely.	No	_					Dey, Yeer)		
	within 24	Med	29b. Signardin and title of Jertiller	mpleted cause of death (Ite	MO om 23e) (Type, P	_	se number 26 540 Frederi	, ,			Dey, Yeer)		

State Registrar

32. Registrer's Signeture Julia Davidson-Randoll

State of Maryland / Departn

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ment of Health and Mental Hygi	iono 4	- 1		1	1	1
neni oi neallii anu Meniai nygi	ene J	ı.	V	Francis		V
inata of Dooth						

						Cer	tificate of	Death		Reg. No.				
	Physic		Decedent's Neme (First, Middle, L ASHA S	ast) ANJAY		DUMBRI	<u> </u>		2. Dete of De Month	Day	Year	3. Tima of Death		
	/Medi Exami		4e. Fecility Name (If not institution, g 14136 WHISPER			RT		4b. City, Town, or L SILVER		h 4c. County	997 of Deeth TGOME	12:25PM ERY		
ľ	Funeral Director		218-43-2741	Sex 1□M 2√2 F	7. Age (In yrs.	lest birthday) Yrs.	If Undar 1 Yaar Months Deys		8. Date of Bir (Month, De March	14,1995	9. Birthpla Countr Mary	ce (Stete or Foreign		
	r 28a-f show		Usuel Residence of Decedent 10e. Stete 10b. County Maryland Montgon	nery		y, Town or Loc eaton	eation				10d. Inside City Limits 1 ☐ Yes 聚⊠ No			
	h with the 23a or 28a	Funeral Director	10e. Street end Number 12238 Veirs Mill	s Road			10f. Zip Code 20906			10g. Citizen of V		y?		
0000	filed within 72 hours effer death with the Maryland Hygiena. "natural", or frems 23s or 28s-f show ont, the Medical Evariese must be notified as	b	11. Marital Status 1X Nevar Marriad 2 Married 3 Widowed 4 Divorced	Armed F	2X No ive	If	Vas Decedent of Yas, specify Cub	Hispenic Orlgln? (Spen, Mexicen, Puarto Specify:	pecify Yes or No Ricen, atc.)	Bled	e - Americe ck, White, et ::Asian	ic.		
21215-0020	ed within 72 hangiena. Br than "natus t, ine Medical	Completed	15. Decedent's 8 (Specify only highest g Elementery/Secondary (0-12) 0	rade completed)) (1-4or 5+)	16a. Deced (Give k iife. D	ent's Usuel Occu kind of work done O NOT use retire Child	petion during most of wor ad)		6b. Kind of Business/Industry Child				
Maryland	d 2 should be filed within herd Mental Hygiena. I is marked other than "raumatic event, the Mag	To Be	17. Father's Neme (First, Middle, Les Sanjay V. Dumbre	,				18. Mother's Nam Shaguft	ne (First, Middle a E. Ku		ne)			
Baltimore, Mar	permit. Peges 1 and 2 should be filed within 72 hours effer death with Dapertment of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural", or frems 23a or any injury or other traumatic event, the Medical Eventment must be obten.		19e. Informent's Neme/Reletionship Shagufta S. Dumb 20e. Method of Disposition 1 □ Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec	re □Ramovel from	Chata	12238 Plece of Dispos	Veirs M	ill Rd.,W	heaton,	Maryland	1 2090 City or Tow	m, State		
Baltin	permit. P Dapertme Importan any injur		21. Signatose of Funerel Servica		-	22.	Name and Addr							
	Physician /Medical Examiner		23a. Part1. Enter the disaasa, or conshook, or heart failure. List only immediate Ceuse (Final disease or condition resulting in deeth)	y one cause on	eech line.	cut	Tingu		or raspiretory a	rrest,	1 1	Approximete ntervel Between Onset end Deeth		
68760,	eath certificete be axecuted attending physician end for use as the burial-transit	Medical Examiner	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury thet initieted avents resulting in deeth) Lest	b			_							
.O. Box	tha death c y the attend sched for us	Physician/	Pert II. Other significant conditions	dcontributing to d	leath but not res	or es e consequence of): or as a consequence of): or as a consequence of): sulting in the underlying cause given in Pert I.		tobecco use co		the cause of deeth?				
Records, P.	requires been sign should be	Completed by F							24a. Was	en eutopsy ormed?	24b. Wen	e eutopsy findings leble prior to plation of causa		
Vital	Physician: The law this certificate hes ral director, pege 2	o Be	25. Wes cese referred to medical exeminer? XXYes 2□ No	Hospital:	Inpatient 2	ER/Outpetient	3□ DOA Ot	26. Plece of Dee	th (Check only o	Yes 2□No one) dence 6□Oth	18			
Division of	tending leeth. tor: Aftar the fune	Certification: T	27. Menner of Deeth 1 Netural 2 Accident 3 Suicide 4 Homicide	28e. Dete (Morn Tourn 28e. Plece	of Injury oth, Day Year) 3-7-47 e of Injury - At ho ling, etc. (Specif	28b. Time of Injury G pme, farm, stre	28c. Inju	ry et	28d. Describe Subs 5 28f. Location (City or To	how Injury occur Street end Numb wn, Stete)	red NS Conser or Rurel	Route Number,		
_	To the Hospital or At within 24 hours after or To the Funeral Direct completaly filled in by	edical C	29a. Certifier (Check only one) 1 Certifying P	miner: On the b	best of my kno easis of exemine ener steted.	wledge, death	occurred et the ti estigetion, in my	me, dete end plece opinion, deeth occur	end due to the	ceuse(s) and me	nner es ste	ted. ha causa(s)		
	To the within 2 To the comple	Me	29b. Signature end titla of certifier	. 2			29c. Licen	se number		29d. Date signe	d (Month, D	ay, Year)		

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State Registrar

nrson who completed ceuse of deeth (Item 23e) (Type, Print)

None D. Wolf Well Penn Street, Baltimore, Maryland 21201 31. Data filed (Month, Dey, Year) 32. Re MAR 1 7 1997 32. Registrer's S

O.C.M.E

MARCH 8, 1997

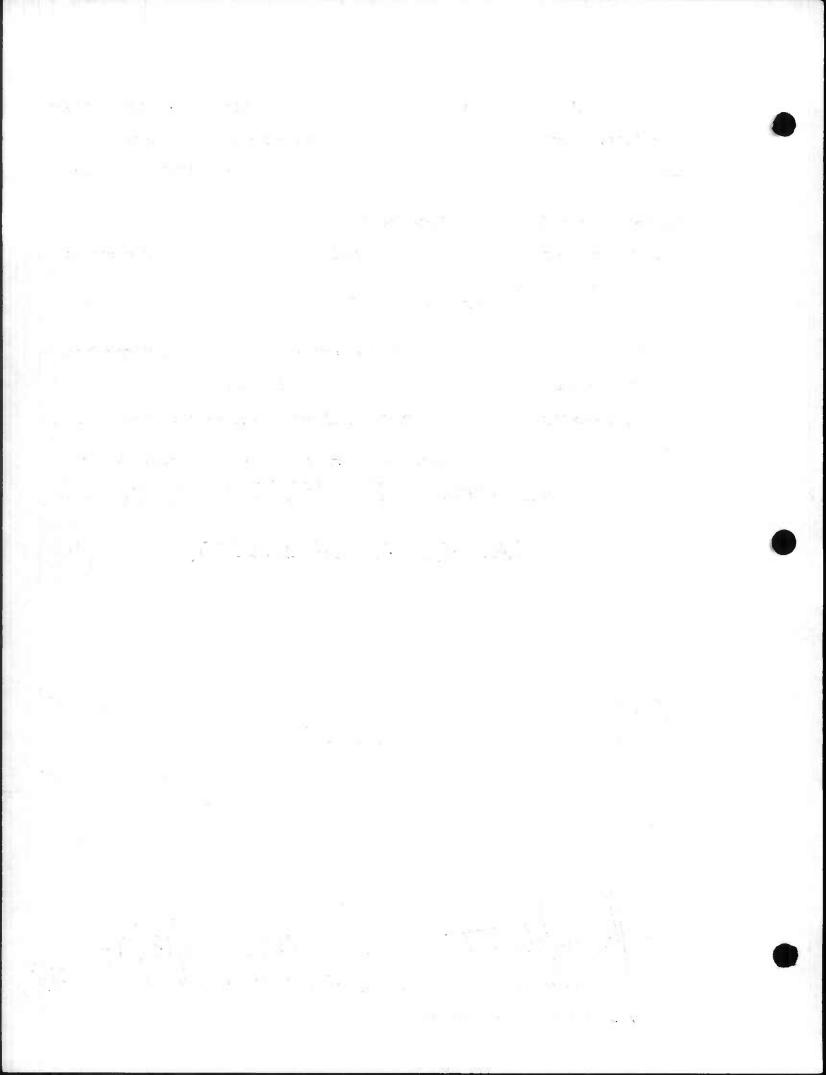
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97

					Certific	cate of	f Death	Re	g. No.		
	Dharala		1. Decedant's Nama (First, Middla, La	ist)				2. Data of Daath Month		Van	3. Time of Daath
	Physic /Medi		Audrey	Mae		EU	ANS	MARCH	Day 15, 199	Yaar	0432
	Exami		4e. Facility Neme (If not institution, give	ve straat and number)				r Location of Death	4c. County		
			PENINSULA REGIO	NAL MEDICAL CI	ENTER		SALI	SBURY	W	ICOMIC	00
	Funeral Director			Sax 7. Aga (In yrs	13 Yrs.	Inder 1 Yea hths Day		. (Morith, Day, 1	⁽²⁾	9. Birthpla Country	
21215-0020	be filed within 72 hours after death with the Maryland hal Hygiene. Id other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at	Completed by Funeral Director	10a. Stata 10b. County Maryland Worces 10e. Steeat end Numbar Stockton 11. Maritai Status 1 Navar Married 2 Married 3 Widowad 4 Divorced 15. Dacedant's E. (Spacify only highest grave) Elementary/Secondary (0-12)	Road 12. Was Dacedent Ever in L Armed Forces? 1 Yas 2 No If Yas, Giva Year or Datas: ducetion	J,S. 13. Was D If Yes, 1 □ Ye	Z CI+ Zip Code 218 Vacedant of specify Cu es 2 No	Hispenic Origin? (ban, Maxicen, Pue	Specify Yes or No- rto Rican, atc.)		What Countr A ce - America ck, Whita, at	n Indian, tc.
Pu	be filed that Hygie d other is event, it	Be (17. Fathar's Name (First, Middla, Last,)			18. Mothar's Na	ame (First, Middla, Ma	aidan Sumen	ne)	
Maryland	2 should be end Mental is marked o	To	Harley M	ister			Reva	Mae.	Mars	shall	
an	d 2 should th end Mer 7 Is marke traumatic	ļ.	19a. Informent's Name/Ralationship (Type, Print)	19b. Mailing Add	iress (Strae	at and Number or F	Rural Routa Number,	City or Town	, Stata, Zip C	Coda)
Baltimore, M	permit. Pages 1 and 2 Depertment of Health Important: if Item 27 I any Injury or other tre 2015.		20a. Mathod of Disposition 1 Mathod of Disposition 1 Mathod of Disposition 1 Mathod of Disposition 2 Cramation 3 Mathod (Specification 2) 21. Signatura of Funeral Sarvice Licer	Ramoval from State (y)	Mels.	(Name of or other pl nodis		3-17-97 Pa	1	4 .	m, Stata Y, Md.
			23a. Part1. Entar tha disaase, or com shock, or haert failura. List only	plications that caused the daa	th. Do not enter tha	moda of dy	ring, such es cerdia	ac or respiretory erras	it,	1 /	Approximeta Intarval Between
68760,	behaviored be avacuted by the physician and particular and particu	edical Examiner	Immediata Causa (Final disaasa or condition rasulting In death) Sequentially list conditions, if any, leading to immediata cause. Entar Undarlying Causa (Disaase or Injury that initiated avants resulting in death) Lest	b. Dua to (r	or as a consequence or as a consequence or as a consequence	of): Melli of):		vers culeur	Di seas		Vece >
×	E 0 6	3		d						ļ	
Bo	ttand or us	lan		u.							
P.O.	thet the ed by the detache	by Physician	Part II. Othar eignificant conditions o	ontributing to death but not ras	sulting in tha underlyi	ng ceusa g	iven In Pert I.	23b. Did tob			the cause of death?
Records,	e law requ has been ge 2 shoul	Completed						24a. Was an performe	ed?	eveil	a autopsy findings lable prior to plation of ceusa eath?
	certificate ha		DE Mas anno referred to the					1 ☐ Yas		10	Yas 2□ No
of Vital	Physician: this certific ral director,	o Be	25. Was cesa rafarrad to medical examinar?	Hospitai:		0 0	ther:	eath (Check only ona)			
o	Phys this ral di	. To	1 Po Yas 2 No 27. Mannar of Death	1 ☐ Inpatient 2 ☐ 28a. Data of Injury	ER/Outpetient 3.5	DUA	4 Li Nursing	Homa 5 ☐ Residen			
Division	To the Hospital or Attending Phwithin 24 hours efter deeth. To the Funeral Director: After thi completely filled in by the funeral	Certification:	1 Natural 5 Panding Invastigation 3 Suicide 4 Homicida 5 Could not be datermined	(Month, Day Year)	Injury M oma, farm, street, fac		Yes 2□No	28f. Location (Stre	et and Numb		Route Number,
۵	To the Hospital or Attend within 24 hours effer deet To the Funeral Director: completely filled in by the	edical Ce	29a. Certifiar (Check only one) 1☐ Certifying Ph	ysician: To the bast of my kno niner: On tha basis of axamina and mannar stated.	owledge, daeth occur atlon and/or invastiga	red at the t	ima, data and plac oplnion, daath occ	a, and due to tha cau urred at tha tima, dete	sa(s) and me and place,	enner es stet and dua to th	red. ha ceuse(s)
	of the	M	29b. Signeture and title of certifier	and manner states.		29c. Lican	sa number	290	l. Data signe	d (Month. Da	ay, Year)
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			30. Name end eddress of person who of the Symbox D.O.	completed causa of daath (Itar		5	150 497	MA			
	Sta	te	31. Data filed (Month, Day, Year)	32. Registrar's Signa			,	,.			

L. H. M. L.

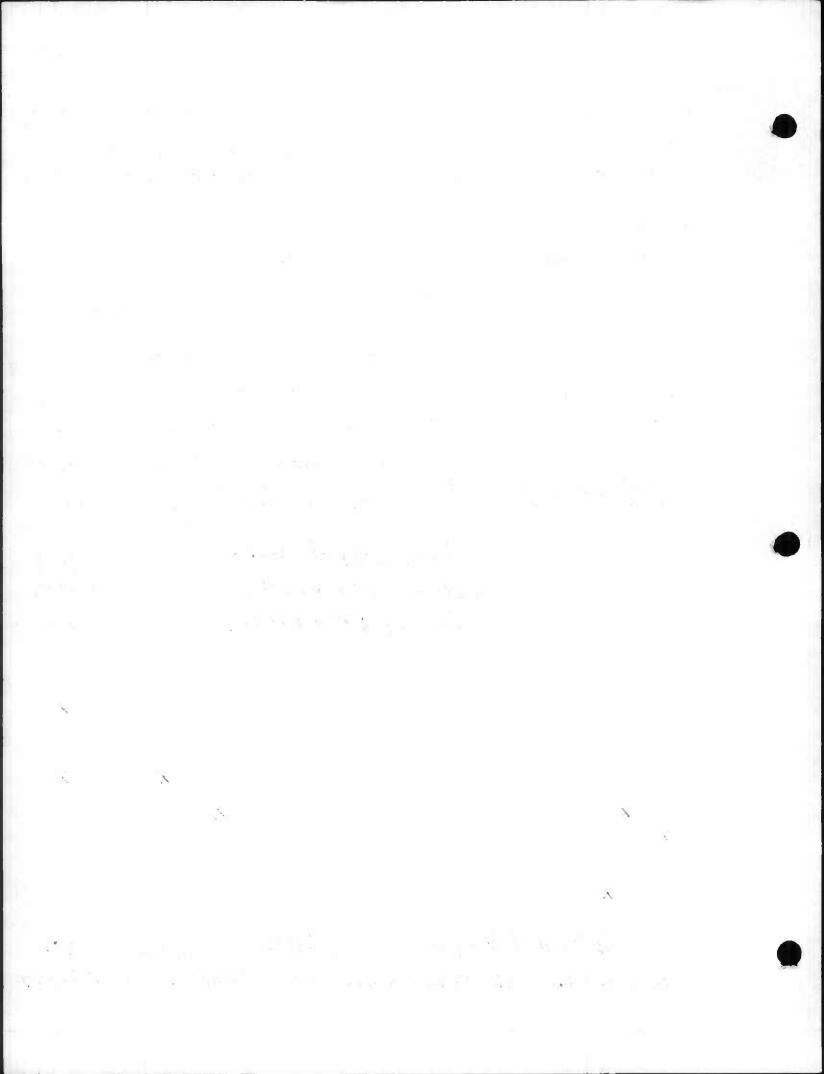
State of Maryland / Department of Health and Mental Hygiene 9 / 102 | 5

						Ce	rtificat	e of	Death		R	eg. No.			
	Bluesta		1. Decedent's Name (First, Middle, La	st)							2. Dete of Deel	th Dey	Veer	3. Tima of Deeth	
	Physic /Medi		Willi	am W.	Evans						March	16	1997	9:05am	
	Exami		4e. Facility Nama (If not institution, giv	a street and nur	mber)				4b. City, To	wn, or Li	ocation of Death	4c. Co	unty of Deeth		
			2025 Carousel Dri					West	mins	ster	er Carroll				
	Funeral Director		5. Sociel Security Number 6. S 220–26–0043 1 Usuel Residance of Decedent	ax IXM 2□F	7. Age (In yrs. les 67	t birthday) Yrs.	If Under Months	1 Yaar Deys		24 Hrs. Min.	8. Dete of Birth (Month, Day, Dec 2,	1929	9. Birthp Cour Mary	elaca <i>(Stet</i> a o <i>r Foreig</i> n etry) Land	1
	land a		10a. State 10b. County		10c. City, 1	Fown or Lo	ocation						1	0d. Inside City Limits	
	Many	ò	Maryland Carrol	11	TATO	c+mi	nster							1 ☐ Yes 2 ☒ No	
	r 284	100	10e. Street and Number		740		10f. Zip	-			1	0g. Citizen	of What Cour	ntry?	_
	h with	Funeral Director	2025 Carousel Dri	ive			2	115	7			Un	nited S	tates	
	dea	ner	11. Marital Status	12. Was Dece Armed Fo	edent Ever In U,S.	13.	Was Deced	dent of h	Hispanic Ori	gin? (Sp	ecify Yes or No- Rican, atc.)		Rsce - Amaric Bleck, White,		
21215-0020	be filed within 72 hours after death with the Maryland tal Hygiene. Id other than "natural", or Nems 23s or 28s-f show svent, if a Medical Examiner must be notified at	by	1 ☐ Never Merried 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	1 XYas	2 No		1□ Yes				1110411, 410.7		ecity:	ite	
5-(natu office	Completed	15. Decedent's Ed (Specify only highest gre	ducetion da complated)	1	16a. Dece (Giva	dent's Usue kind of wor	ol Occup	pation during mos d)	t of work	ing	16b. Kind	of Business/Inc	dustry	
121	within than	dm	Elementery/Secondery (0-12)	College (1	-4or 5+)							m - 1		0	
d 2	Hygie ther		12 17. Father's Neme (First, Middle, Last)			Cus	tomer	Sei		ar'e Nam	e (First, Middle, I			Company	-
Maryland		To Be	William H. Evans						Rut	h Jo	ones				
	and 2 should aaith and Men n 27 is marke er traumetic		19e. informent's Neme/Reletionship (Nancy L. Evans/Wi			2025	Caro	use]			al Route Number Vestmins			nd 21157	
ore	H Her		20e. Method of Disposition 1 ☑ Buriai 2 ☐ Cramation 3 ☐	Removel from !	0.000	e of Dispo atary, crer	osition (Nen metory or o	ne <i>of</i> ther ple	ce)		Date	20c. Locati	ion - City or To	wn, Stete	
E E	men tant:		4 □ Donation 5 □ Other (Specific	y)			wn Ce				-19-97	Marri	ottsvi	lle, MD	
Baltimore,	permit. Pages 1 and Department of Health Important: if item 27 any injury or other tr once.		21. Signature of Funerel Service Licer		while	H	arry 1	H. V		Fur	neral Ho			.m. 01040	
	_		23a. Pert1. Enter the disease, or com ahock, or heert feilure. List only		eused the deeth.	Do not ent	ter the mod	e of dyl	ng, such es	cardiac	or respiretory error	1COUU ast,	City,	MD 21043 Approximete	
V	Physician		anock, or neer tellure. List only				200							Onsat and Death	
d	/Medical		Immediete Ceuse (Finel diseese or condition	SMA	L ŒIL	. (74	0	F I	SLA	WER	7		10M Z	
п	Examiner		resulting in deeth)	e. 🔾	Due to (or ea	s a consec	quence of):								i
	pe jis	in e		b									1		
	certificate be asscuted nding physician and use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate		Due to (or es	s a consec	quence of):								Ì
68760,	siclan buris		if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseasa or Injury that initiated events	C											1
89	ficate p phy as the	Medical	resulting in deeth) Last		Dua to (or ss	a conseq	juance of):								
Box	eath certific attanding pl I for use as I			d											
	the death y the attar iched for u	icia	Pert II. Other eignificant conditions of	ontributing to de	ath but not resultin	na In the u	nderlying o	euse ah	ven in Part t		23h Did to	hacco use	a contribute to	the cause of death?	
P.0	that the de led by the a detached	Physician/	COPD	o	atti bat ilot iboomii	ig in the o	riderlying o	oudo gii	VOIT WIT GIT C	*		es 201		-	
Ś	es the igned be de	by F	0019					_							
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of Vital	sician: cartifice fractor, I	Be C	25. Wes case referred to medical exeminer?						28. Place	of Deet	h (Check only on	e)			
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n o		ë.	27. Menner of Deeth 1 Netural 5 Pending	28e. Dete d (Monti	of Injury h, Day Year) 28	b. Time of Injury		8c. Injui			28d. Describe ho	w Injury o	ccurred	7 2 7	
Sic		cat	2 Accident invastigation 3 Suicide 6 Could not be				М		Yes 2 🗆						
Division	tal or Attendras rs after deat al Director: lad in by the	Certification:	4 Homicide datermined	286. Piece	of Injury - At home ng, etc. (Specify)	, ferm, str	eet, fectory	r, office			28f. Location (St City or Town	reet end N n, Steta)	umber or Rura	il Route Number,	
	To the Hospital or Atwithin 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifier (Check only one) (Check only one) (Check only one)	ysician: To the liner: On the ba end menn	best of my knowle sis of exeminetion er steted.	dga, death end/or inv	occurred evestigetion,	et tha tir	ma, date en opinion, dee	d plece, th occurr	and due to the ca red at the time, do	ause(s) sno ete and pla	d menner as st tce, and due to	eted. the ceuse(e)	
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			30. Neme and edgress of person whe	completed cays	e of deeth (Item 23	Be) (Type,	Print)		ر ر	10		PIC	171	1 21157	,
	Sta	te	31. Dete filed (Month, Dey, Year)	0 Kr	uter, egistrer's Signeture	MI	0-6	84	Af	001	e Rd-	we	stmins	ter, MD	
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						(eniiic	ate of	Death		Reg. No	5.			
Physic	ian	Decedent's Neme (Fig. 1)	irst, Middle, La	st)						2. Dete of D Month	eeth De	эy	Yeer	3. Time	of Deeth
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Exami	ner	4e. Fecility Name (If not	institution, giv	e street end nu	imber)				4b. City, Town, o	or Location of Dee	th 40	c. County	of Deeth		
		10203 Rus	tic Lar	ne				5	Silver S	pring		Mon	tgome	ry	
Funeral		5. Social Security Numb			7. Age (In	yrs. last birthe	day) If Un Monti	der 1 Year	If Under 24 H Hours M		irth		9. Birthpla Country	ce (State	or Forei
Director		578-30-39	30	I ☑ M 2 □ F	69	Yr	S.	Doys	110013	March			Washi	n netoi	n.D.
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228	Director	10e. Street end Number						Zip Code			10g. Ci	tizen of V	Vhet Country	y?	
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me 23	Funeral	11. Marital Status	IC Lane	12. Wes Dec	edent Ever i	n U,S.	13. Was De	cedent of H		(Specify Yes or N		U.S.	A. e - Americar	Indien.	
흔를	F	1 ☐ Never Married	2 Married	Armed Fo	orces?		If Yes, s	pecify Cub	an, Mexican, Pu	erto Rican, etc.)			k, White, et		
0,1	þ	3 ☐ Widowed 4 ☐		If Yes, Gi Yeer or D	ve 194	5 to	1 ☐ Yes	2 No	Specify:			Specify:			
2 hou	P	15	Decedent's Ed		Dates: 194		ecedent's U	sual Occur	ation		16h K	Cind of Bu	White siness/indu		
2 8	Completed	(Specify or	nly highest gre	de completed)		/(Give kind of fe. DO NO	work done	during most of w	vorking	100. 1	and of bu	isiness/indu	stry	
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d of	Be	Tr. Femer's Neme (Filst	, Mildule, Last)						18. Mothers N	eme (First, Middl	e, Maider	1 Sumam	Θ)		
nd Menta marked matic ev	2	Harvey Em							Lelia	Beach					
0 0		19e. Informent's Name/I	Reletionship (Type, Print)		19b. N	failing Addr	ess (Street	end Number or I	Ru <i>ral Route N</i> um	ber, City	or Town,	Stete, Zip C	ode)	
書なず		Ellen B.	Embrey			1020	3 Rus	tic I	ane Si	lver Spr	ing.	Mary	land	2090	3
item 2 item 2 other		20a. Method of Dispositi				b. Place of D	isposition (/	Verne of		Dete			City or Town		
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permit. Peges Depertment of P Important: if ite any injury or of	1	21. Signature of Funeral			7 .	/ U			ss of Fecility	3/20/9/	DIIA	er s	bring	, Mar	ута
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pad	Completed									1 🗆	Yes 2	No	10	res 2	No
s certificate director, pag	Be	25. Was case referred to exeminer?	medical						26. Plece of D	eath (Check only	one)				- The book of the second
o o	ပ	1 Yes 2 No		Hospital: 1	Inpatient 2	ER/Outpe	etient 3	DOA Oth	er: 4 Nursing	Home 5 Res	Idence	6 □Othe	r (Specify)		
h. After th funeral		27. Manner of Deeth	7 Dendine	28e. Dete	of Injury th, Day Year	28b. Tim		28c. Injur Wor	y et	28d. Describe	how inju	ry occurre	ed		
tor: Af	atic	1 Neturel 5 [2 ☐ Accident	☐ Pending investigation		in, buy rour	, inju	M		Yes 2□No						
Director:	Ific	3 ☐ Suicide 6 [4 ☐ Homicide	Could not be determined	28e. Piece	of Injury - A	t home, farm	me, farm, street, factory, office 28f. Location					(Street end Number or Rural Route Number,			
Direct din by	Certification:	4 LI Hornicide		buildi	ng, etc. (Spe	ecity)				City or To	wn, Stete	∌)			
within 24 hours efter deeth. To the Funeral Director: After completely filled in by the funer	edicai (29a. Certifier (Check only one)	Certifying Phy Medical Exam	ilner: On the bi	asis of exem	knowledge, d ination end/o	eeth occurre	ed et the tin	ne, dete end plea	ce, end due to the curred et the time	ceuse(s) end mer d plece, e	nner es stet	ed. ne cause((s)
thin the mple	Mec	29b. Signature end title of		end man	ner steted.										
		Signature end title of	WHI.	11/1	Ph.	6.		29c. Licens			290. Da	re signed	(Month, De	y, Year)	
16+1		//	or my	WITM	vuy	my,		Ø	27126	,	h	arch	19.	19	97
		30. Neme end eddress of	person who of		e of death (I	tem 23a) (Ty	pe, Print)	Darb	brive	Laure	1	Mar	re laur	1).	10-
		William VV		1	114	dul L	aurol	INK	-1100	1	11	7 . 01	7 149	o(E	8
Sta Registr	_	31. Dete filed (Month, Da	ay, Yeer)	1	egistrar's Si	gnature					1).		1	~ ~ •	

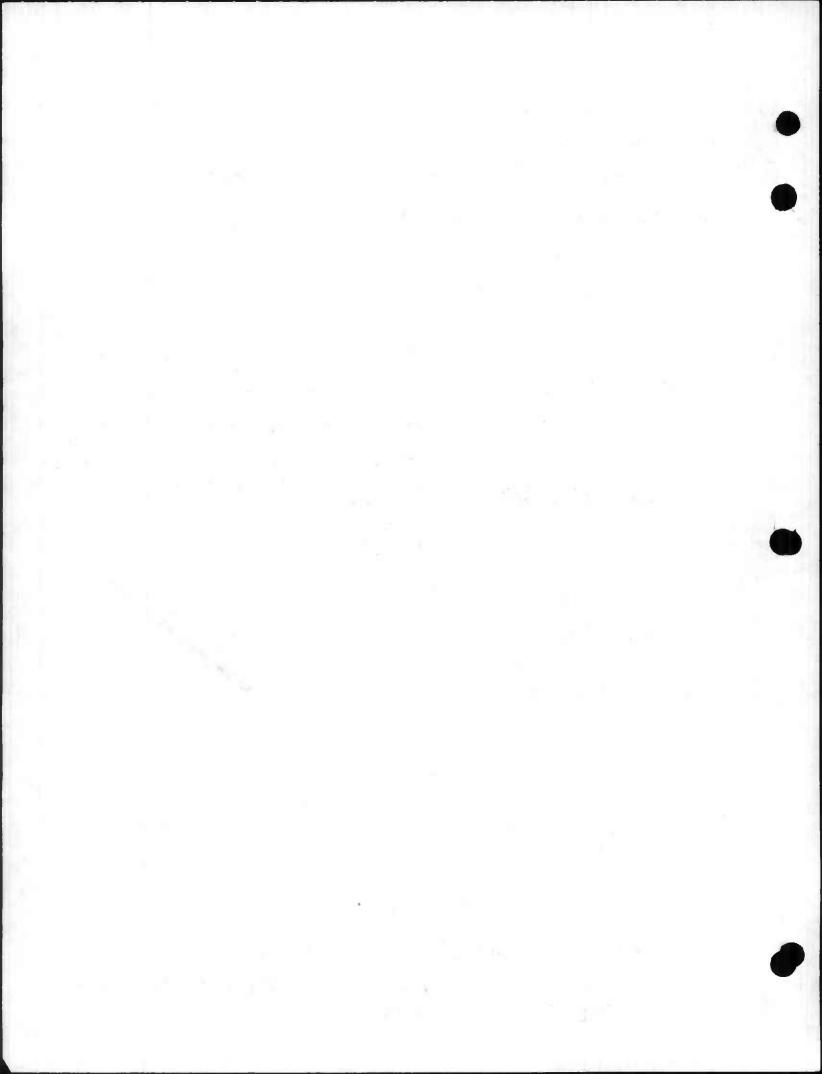


An	emed #3	, 3	/24/97 per F.H. Montg.		iaryiani		tificate of	Health and Death		eg. No.		
	Physic	ian	1. Decedent's Name (First, Middle, La MAMIE L. EDELIN	st)					2. Date of Dea Month March 1		Year	3. Time of Death
	/Medi Examii		4a. Facility Name (If not institution, given		7)			4b. City, Town, or	Location of Death	4c. County		12120 11111
			507 Thayer Avenu	ıe				Silver S	pring	Montg	omery	7
	Funeral Director		248-38-1357	Sex 7. A	ge (In yrs. l	est birthday) Yrs.	Months Days			,1928	9. Birthp Coun South	lace (State or Foreign fry) Carolina
	pus Ma		Usual Residence of Decedent 10a. State 10b. County		10c. City	, Town or Lo	cation				11	Od. Inside City Limits
	death with the Maryland ms 23s or 28s-f show r.must be notified at	tor	Maryland Montgon	nery	Si	lver S	Spring					X□Yes 2□No
	h the	Directo	10e. Street and Number		_		10f. Zip Code		1	0g. Citizen of V	Vhat Coun	try?
	23s unit b		507 Thayer Avenue	2			20910			United	Stat	es
Maryland 21215-0020	n 72 hours after death with the Marylar "natural", or Items 23s or 23s-f show edical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Deceden Armed Forces 1 Tes 22 If Yes, Give Year or Dates:	No.		Vas Decedent of I Yes, specify Cul I ☐ Yes 2 🐼 No	Hispanic Origin? (S ban, Mexicen, Puer Specify:	Specify Yes or No- to Rican, etc.)	Blac	e - Americ k, White, c Blac	etc.
2-0	72 ho naturi	eted	15. Decedent's E. (Specify only highest gra	ducation		18a. Deced	lent's Usual Occu	pation	ndeina	16b. Kind of Bu	usiness/ind	lustry
121	within 7. ene. then "nu he Medi	Completed	Elementary/Secondary (0-12)	College (1-4or	5+)			during most of wo			• •	C W 1 . 1
d 2	200		17. Father's Name (First, Middle, Last)		Hous	sekeeper	18 Mother's Na	me (First, Middle, i			of Maryland
lan	8 m o E	To Be	Marion Rowell	,					illa Erv		10)	
ary	2 should b and Menta is marked sumatic e	-	19a. Informant's Name/Relationship (Type, Print)		19b. Mailin	g Address (Stree	et and Number or R			State, Zip	Code)
	5 4 7 4		Carrol Edelin	(Husband)		507 I	Thayer A	venue, Si	lver Spr	ing, MD	209	910
Baltimore,	- 포를 등		20a. Method of Disposition 1	Removal from State	20b. Pl	ace of Dispos metery, crem	sition (Neme of netory or other pl	ece)	Date	20c. Location -	City or To	wn, State
ţ	permit. Pag Department Important: I any Injury o		4 □ Donation 5 □ Other (Specif	y)	Mar	-	Nationa		3/22/97		, Mai	yland
Bal	permit. Pages Department of Important: If it any injury or once.		21. Signature of Eneral Service Lice	1See	1.			ess of Facility uneral Se				
_	222331	6	23a. Parti Enter the disease, or com	· Long	of the death						gton	D.C. 2001 Approximate Interval Between
	Physician /Medical Examiner	Jer.	Immediate Cause (Final disease or condition resulting in death)		Due to (or	es a conseq		weer				Onset end Deeth
	outed nd ransit	Examiner	Sequentially list conditions	b	Due to (or	CANCE as a conseq	uence of):				1	
Ő,	deeth certificate be executed e attending physician and od for use as the bunel-transit	Ex	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events									
8760,	physic the b	dical	that initiated events resulting in death) Last		Due to (or	as a consequ	uence of):					
W	eeth certific attending p I for use as	УМе		d								
Box	d for u	iciar	Part II. Other significant conditions of	antibuting to death	but not recu	tting in the ur	adodvina nouce a	iven In Part I	23h Did to	hacco use co	ntribute to	the cause of death?
, P.O.	the y th	by Physician/Me	ran ii. Other significant congnitina c	ontributing to death	Dat not 1980	ating in the ur	idenying ceuse g	iven in Part I.		es 2 No	3 Perot	
Records,	e law requires that has been signed b ge 2 should be det	Completed t						7:	24a. Wes a perform		ava	ere autopsy findings aileble prior to apletion of ceuse death?
E B	0 - 0	Com							1 □ Y	es al No	1 🗆	Yes 2□ No
Vital	ysician: The is certificate director, par	Be	25. Wes cese referred to medical examiner?	Hoonital:					ath (Check only or	ne)		
of	Phys	on: To	1 ☐ Yes 2 No 27. Menner of Death 1 Natural 5 ☐ Pending	Hospital: 1 ☐ Inpat 28a. Date of Inj (Month, D		ER/Outpatien 28b. Time of Injury	1 3LI DOX		Home 5 Reside			/)
Sio	Attending Firdeath.	catic	2 Accident Investigatio	n				Yes 2□No				
Division	safter death	Certification:	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined	28e. Place of In	ijury - At ho tc. (Specify	me, farm, stre	eet, factory, office		28f. Location (S City or Town		er or Rura	l Route Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai	29a. Certifier (Check only one) 1 Certifying Ph	ysician: To the best niner: On the basis of end manner s	of exemineti	vledge, death ion end/or Inv	occurred at the trestigation, in my	ime, date end place opinion, death occ	e, end due to the curred at the time, d	euse(s) end me ate and place,	enner es st and due to	eted. the ceuse(s)
	within 2 To the complet	N	29b. Signature and title of certifier	201			29c. Licer	ise number	2	9d. Date signe	d (Month,	Dey, Year)
	5		grante	1 Seed			D	39190		March	18	1997
			30. Name and address of person who	· ·			Print)		2 1) (D) (0000	
		•	J. Garrett Reill 31. Date filed (Month, Day, Year)					n Road, I	kockville	, MD 2	20850	
	Sta Registr	_	MAR 1 9 199	7 Julia	Davidso	n-Randa	Se.					

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State of Maryland / Department of Health and Mental Hygiene

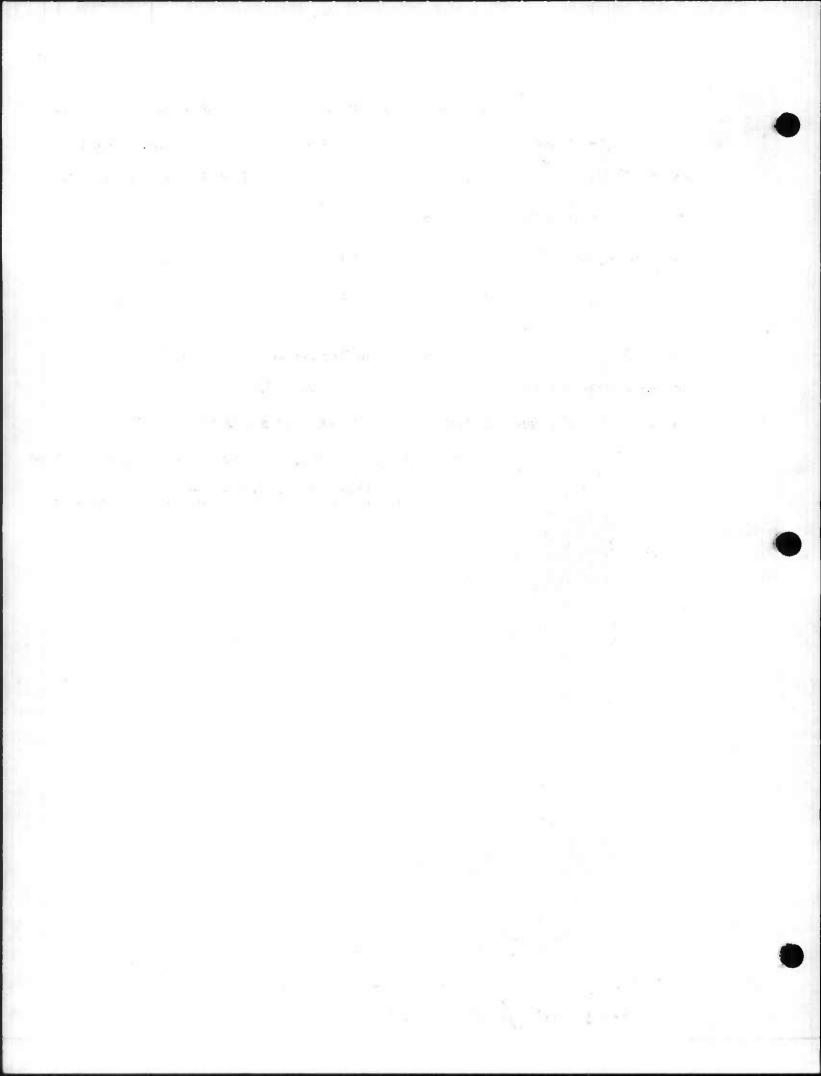
					,	(Certific	cate of	Death)		Reg. No.		
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Physic /Medi		Jenniter	A. F	leischmar	1/1						03	21	97	01:59
Exami		4e. Fecility Nama (If not in	nstitution, gi	va street end numbe	r)				4b. City, To	own, or Lo	ocation of Daath	4c. Coun	ty of Daath	
		Shock To	rumo	3					Bal	timo	ce	Bal	timor	P
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4 8 9	irec	10e. Street and Number					10	f. Zip Coda				10g. Citizan o	f What Cour	ntry?
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deat deat	Funeral	11. Marital Status		12. Wes Decedar		J,S.	13. Was D			lgin? (Spe	ecify Yes or No- Rican, atc.)	U.S.A.	ace - Americ	
after or its		1 Nevar Married 2	☐ Married	Armed Force							Rican, atc.)	BI	ack, Whita,	atc.
BR. C	by	3 ☐ Widowed 4 ☐ □	ivorced	If Yes, Giva Yaar or Dates	:		1 ∐ Ya	as 2 No	Specify	:		Spec	ity: Wh	ite
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off Hy	Bec	17. Fathar's Nama (First,	Middle, Last)					18. Moth	ar's Nama	a (First, Middla,			
12 should be file h and Montal Hy is marked oth traumatic evant	To	Richard F	leisch	nmann						Glor	ia Phel	ne		
should nd Mor marke umarke		19a. fnformant's Name/R	alationship (Type, Print)		19b. N	Mailing Add	drass (Stree	t and Numb		al Routa Numbe		n. Stata. Zip	Code)
Par Par		Richard Fle	ischma	ann							ykesvil			
f Ho f Ho othe		20a. Mathod of Dispositio	n		20b.	Place of L	Isposition	(Nema of		u, b	Dela	20c. Locetion	- City or To	wn, Stata
mit. Pages 1: partment of He portant: if item y injury or oth cs.		1 urial 2 Crar 4 Donation 5 C						or other pla		2/24	/97			
ortan		21. Signature of Funaral			110	. 410						Marrio	CCSV1	lle Md.
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	Ш	Harry	W. Z	taunt			Р	.O.Box	195	Syke	sville,	Md. 2	1784	
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an a	1 1	Sequantially list condition if any, laading to Immadia cause. Entar Underlying Ceusa (Disaasa or Injury	ta	Close	01 /	man	ini	101			111	STON		Dhare
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deat	ICIS	Part II. Othar significant of	onditions o	ontributing to death	but not rec	ultino in ti	aa undadwi	ing course gi	uan in Bart		32h Did s	hanna usa a	omtelbute te	the cause of death?
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or Attending Physician: The law requires the after death. Director: After this certificate has been signe in by the funeral director, page 2 should be or	cati	2 Accidant	Invastigation	0 0 2	0,1997	17;	00 PM	1 🗆	Yes 2K	No	MOTO	-vehic	lea	ccidal
or Att after d Direct in by	Certification:	3 ☐ Sulcide 6 ☐ 4 ☐ Homicide	Could not be datermined		jury - At h	oma, farm	, straat, fa	ctory, office		1	28f. Location (S City or Town	treet and Num n, State) (2)	ber or Rura	Routa Number,
To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	S			Stree						1				Frederick Count
Hospital 24 hours Funeral tely filled	edical	29a. Certifiar (Check only 2 M	ertifying Ph	yefofan: To the best	of my kno	wledga, d	aath occur	red at tha ti	ma, data an	d place e	and dua to the c	ausa(s) and m	annar as st	hete
he H in 24 he F plete		one)	edical Exam	niner: On the basis and mennar s	tated.	non end/c	rinvastiga	ition, in my c	pinion, daa	m occurra	ad at tha tima, d	ata and place	, and dua to	tna causa(s)
To the within 2 To the comple	Σ	29b. Signeture and fitle of	certifiar	1	0			29c. Licens	e number		2	9d. Data sign	ad (Month, i	Day, Year)
		> Trong	UP	MIN	ON			Da	3512	10		Marc	421	1997
	-	30. Name and address of	who who	completed causa of	deeth (Iter	n 23a) (Tu	pe, Print)						1, 0	1 11/
		Above Off	. Slee	se MN		201	C /-	5000	57	Ba	CTIMORE	MA	21-	202
Sta	te	31. Date filad (Month, Day	Yaar)	32. Regist	rads Signe	etura -	J. (C	MECH	J/	11	111100	10	0/0	
Registra		MAF	251	997	divid	works	Mall							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate of	Death		Reg. No.		
	sician ledical		s Nema (First, Middle, i		eonard	Wesle	ey Farmen	s	2. Data of De Month Februa	eth David	1997	3. Time of Deeth 10:57 am
	aminer	7.5 11766	eme (If not institution, g Regional	give street end number					or Location of Deel			orge
Fune Direc	tor	5. Sociel Section 229–40 Usuel Raside	urity Number 6.0-5769 nce of Decedant		Age (In yrs.	lest birthday, Yrs.	If Under 1 Year Months Days	If Under 24 H	in. (Month, Di		9. Birthpl Coun	leca (Stete or Foreign try) Virginia
a Marylan	ctor	10a. Sfete MD	10b. County Prince	George		y, Town or L urel	ocation				10	0d. Inside City Limits 1 X Yas 2 □ No
ath with th	ral Director	10e. Street en	nd Number th Street				10f. Zip Code 20707			10g. Citizen of V USA	Vhet Coun	try?
21215-0020 d within 72 hours after death with the Maryland plane. r than "netural", or terms 23s or 28s-f show	by Funeral	3 Widov	afus Married 2□ Married wed 4□ Divorcad	12. Was Dacade Armed Force 1 □ Yes 2 [If Yes, Give Yaar or Date	s? XNo		Was Decedent of If Yes, specify Cul 1 ☐ Yes 2 🛣 No	oan, Mexicen, Pu	(Specify Yas or No erto Rican, etc.)	Bied	e - America k, Whife, i Whit	atc.
	Completed	Elementery Grade	15. Decedent's (Specify only highest g /Secondery (0-12)	Educetion greda completed) College (1-4c	or 5+)	(Give life.	dent's Usual Occu kind of work done DO NOT use retire house Su	during most of ved)		16b. Kind of Bu	usiness/ind	ustry
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Baltimore, Miporani. Pagas 1 and 2 Department of Health a important if item 27 is any lolling or other than		1 ☐ Burie 4 ☐ Done	ol 2 BCremetion 3 tion 5 □ Other (Spec	cify)	te C	am <i>etery, cre</i>	metory or other ple ematory, 2. Name end Addr	Inc.	2/28/97	20c. Location - Catonsv		Maryland
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() - C 3		resulting in de	eeth) Lest	d	Dua to (or	es e conseq	uenca of):					
P.O. hat the d dby the datached	by Physician	Pert ii. Other s	efgnificant conditions	confributing to death	buf nof resu	Ilting in the u	ndarlying ceuse gi	ven in Pert f.		tobacco uae cor Yes 2□ No	,	the cause of death?
aw aw	pleted									an autopsy ormed?	ava	re eutopsy findings ilabla prior to apletion of ceuse leaft?
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1		•	and title of certifier	Just H	2.		29c. Licens	+283		29d. Date signed 2 · 25 · 4	177	ay, Year)
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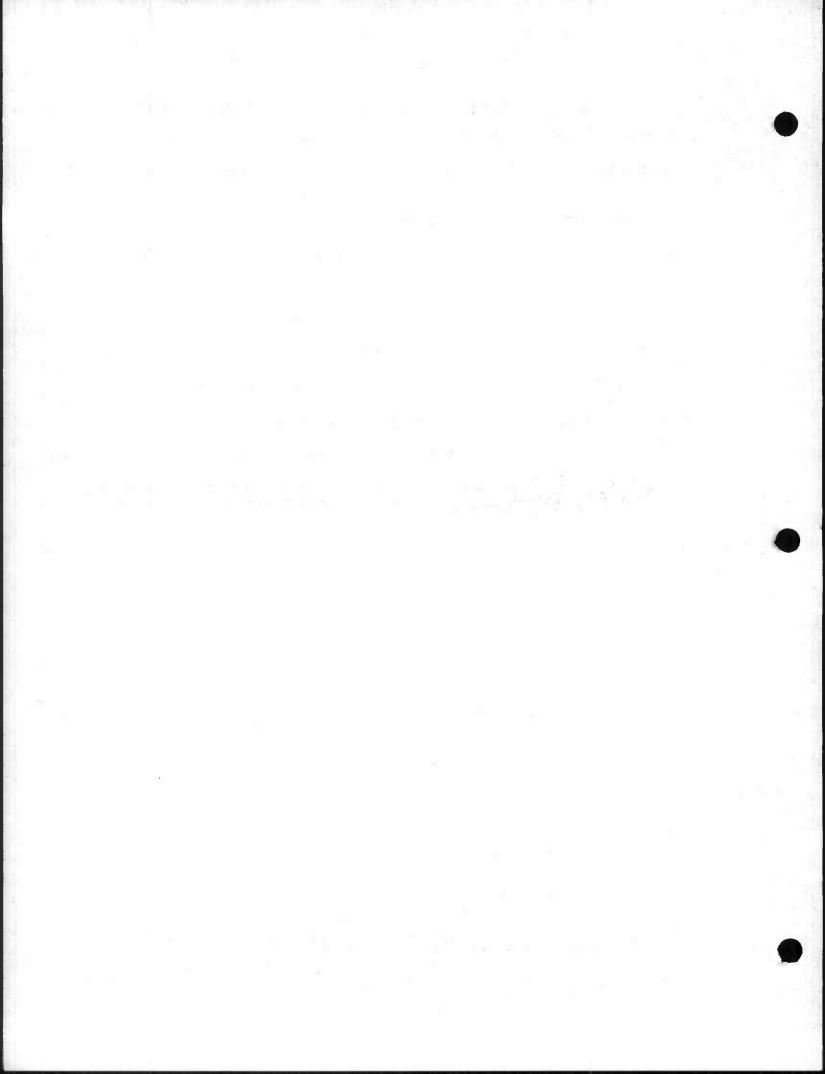


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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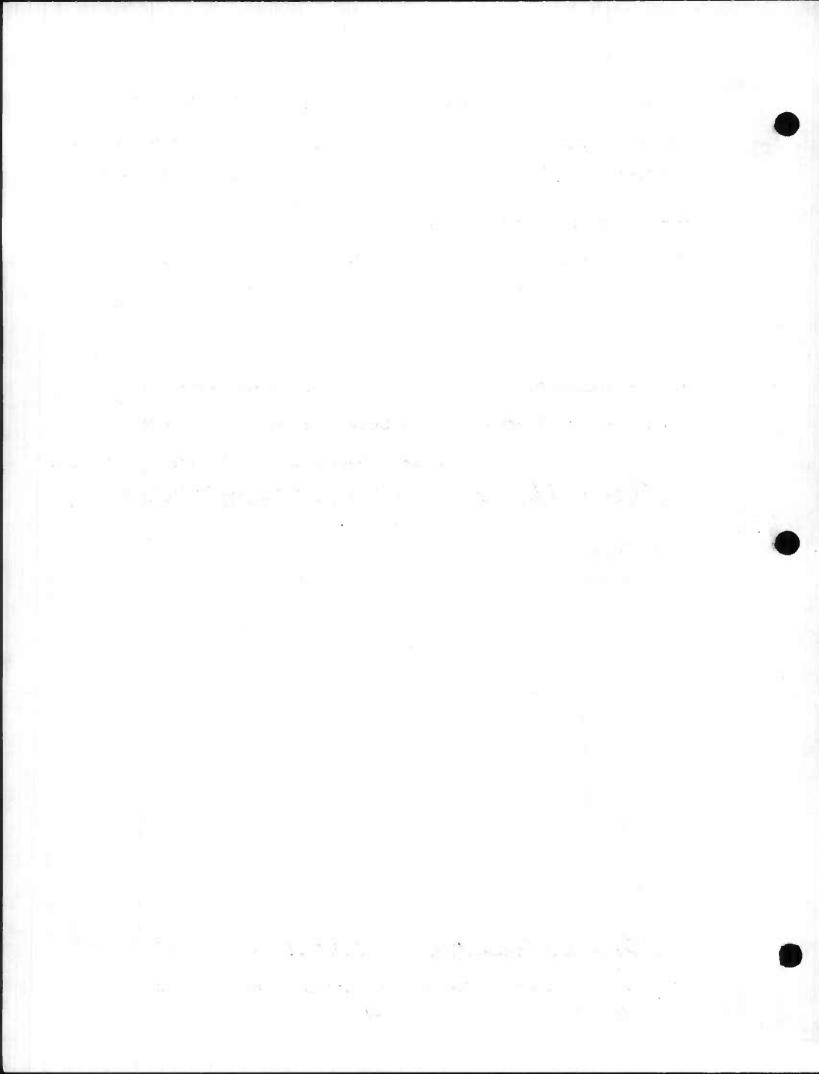
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L	Examiı	ner	4e. Fecility Name (If not institution Frederick Memor	rial Hosp	oital				Fı	reder	ick	cation of Dea	Free	y of Deeth lerick	
	Funeral Director		5. Social Security Number 217-30-5790 Usual Residence of Decedent	6. Sex 1 □ M 2 ☐ F	7. Age (In yrs. last birti	rs.	Months Dey		If Under 24 Hours	Min.	8. Dete of B (Month, D Oct.	rth ay, Year) 30, 1914	9. Birthr Cour Mary	plece (State or Foreign htry) Land
	72 hours after death with the Maryland natural, or items 23a or 28s-f show pical Examiner must be notified at	Director	10a. State 10b. County Maryland Fred	erick	1	Oc. City, Town		eation						1	0d. Inside City Limits 1 X Yes 2 □ No
	or 2	Dire	10e. Street end Number					10f. Zip Code					10g. Citizen of	What Cour	ntry?
	s 23s	Frai	122 Water Stree		=	1 11 0	1	21			- 15			S.A.	
Maryland 21215-0020	n 72 hours after death with the Marylan "natural", or items 23s or 28s-f show colcal Examiner must be notified at	by Funeral	11. Marital Stetus 1 □ Never Married 2 □ Marri 3 ☑ Widowed 4 □ Divorced	12. Was Dec Armed F ed 1 ☐ Yes If Yes, G Year or I	orces? 2X No ive	er in U,S.		/as Decedent o Yes, specify Cu ☐ Yes 2X1 N			n7 (Spe Puerto I	Rican, etc.)	Speci	ice - Americ eck, White, ify: Whi	etc.
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121		Completed	Elementary/Secondary (0-12)	T	(1-4or 5+)					ing moor c	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9			
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lan	a la p	o Be	Aaron F. Rice	,								Guyto		,	
lary	d 2 should th end Men 7 is marka traumatic	-	19a. Informant's Name/Reletionsh	nip (Type, Print)		19b.	Mailin	g Address (Stre	et en				ber, City or Town	n, Stete, Zip	Code)
Σ,	E = 01 -		Thelma I. Mille	er						d Lai	ne,	Thurmo	nt, Mar	yland	21788
Ore	ges 1 a t of Hea If item or othe		20e. Method of Disposition 1 A Burial 2 ☐ Cremation	3 ☐Removel from	State	cemeter	, crem	etory or other p	lece)			Date	20c. Location		
Baltimore,	it. Pa rtmen rtant: njury		4 Donetion 5 Other (Sp			Blue 1	-	ge Cemet	_		3	3/19	Thurmo	nt, M	aryland
Ba	permit. Pages I Department of H important: If ite any injury or ot once.	17	21. Signature of Funeral Service L	(Perisee)	2	_		Name end Add			& S	ON FUN	ERAL HO	MES.	P.A.
	-	Н	23a. Part1. Enter the disease, or shock, or heart failure. List of	complications that	caused th	e death Don	615	EAST N	1AI	N STI	REET	THIE	MONT. M		
	Physician /Medical Examiner	ner	Immediate Ceuse (Finel disease or condition resulting in death)		rain	e to (or es e c	·w	• ~							Intervel Between Onset end Deeth
60,	certificate be executed nding physician and use as the burial-transit	al Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	b	Du	e to (or es e c	onsequ	uence of):						1	
ox 68760,	certificate nding physi use as the l	n/Medical	that initieted events resulting in deeth) Lest	d	Du	e to (or es e co	onsequ	ence of):						1	
\mathbf{m}	death e atter	sicla	Part II. Other eignificent condition	ne contributing to d	leeth but r	not resulting in	the un	derlying ceuse	aiven	in Part I.		23b. Did	tobacco uee c	ontribute to	the cause of deeth?
s, P.O.	requires that the death	by Physicla	Heart fi	la ;	D	inhe	نیک	j	givon			1	Yes 2□ No		babiy 4 ☐ Unknown
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o	는 부분	- To	1 ☐ Yes 2 ☑ No 27. Manner of Death	28a. Dete	Sopatient of Injury	2 ER/Out		3□ DOA 28c. Inj	Other:	4 LI Nurs	1		how injury occu		y)
on	th. After fune	itlon	Natural 5 ☐ Pending 2 ☐ Accident investiga	(Mon	nth, Day Y		jury	W	ork?	n es 2 □ No		Log. Describe	now injury occo	iii ed	
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	To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edicai	29a. Certifier (Check only one) 1 ☐ Certifying 2 ☐ Medicel E	Physicien: To the beand man	e best of n besis of ex oner stated	aminetion end	deeth /or inve	occurred at the estigation, in my	time,	, dete end _l nion, death	place, e occurre	end due to the ed at the time	ceuse(s) end n	nenner es s , end due to	teted. the ceuse(s)
	To t To t	M	29b. Signature end title of certifier	-le				29c. Lice		humber	3		29d. Date sign	ed (Month,	Dey, Year)
			30. Name end eddress of person w	RAKA	7	cu 0/2		3 the 3	2 7	real	= 6	-vel	evicle	My	21701
	Sta Registr	-	31. Dete filed (Month, Day, Yeèr) MAR 1 8	1997	gistrer's	Signature	arda	4							



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State of Maryland / Department of Health and Mental Hygiene 10221

						Certin	ficate of	Death	7		Reg. No.		
Dhusisi		1. Decedent's Name (First, Middle, L.	est)							2. Dete of De	eth	Ven	3. Time of D
Physici /Medi		William William		Andrew			Fles	ster,	Sr.	March	14 ^{Dey} 19	97 ^{eer}	6:00
Examir		4e. Fecility Name (If not institution, gi	ve street end nu	ımber)				4b. City, T	own, or L	ocation of Death	h 4c. Coun	ty of Deeth	
		7041 Contee Road						Laur			Prin	ce Ge	orge's
Funeral Director			Sex 1⊠M 2□F	7. Age (In yrs			f Under 1 Year Ionths Deys		Min.	8. Date of Bir (Month, De July 1	v. Yeer)	9. Birthp Cour Mary	olece (State or I otry) land
yland		Usuel Residence of Decedent 10e. Stete 10b. County		10c. C	ty, Town	or Locati	ion						10d. Inside City
ould be filed within 72 hours after death with the Maryland Mental Hyglene. Mental Hyglene. arked other than "natural", or itams 23s or 28s-f show actic event, the Medical Examiner must be notified at	Director	Maryland Prince	George'	s Lau	rel		10f. Zip Code				10a Citizan a	1 Marin et Cour	1 ☑ Yes 2
23a or		7041 Contee Road					2070.7				10g. Citizen o		
and a	Funeral	11. Marital Stetus	12. Was Dec Armed Fo	edent Ever in U	I,S.	13. Wes	s Decedent of es, specify Cut	Hispenic O	rigin? (Sp	ecify Yes or No		aca - Americ	
be filed within 72 hours after death with the Manylan tall Hygiene. And Hygiene. Other than "natural", or items 23s or 28s-f show other than "natural" be notified at event, the Medical Evaniret must be notified at	by	1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☑ Yes	2 No	II		Yes 2⊠ No			Thours, ord.	Spec		
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should be nd Menta marked matic ev	To B	William Atchison	Fleste	r				Erm	ina T	Louise 1	Nichols	on	
es 1 and 2 should to the aith and Ment filtem 27 is marked in other traumatice.	-	19a. Informent's Neme/Reletionship			19b.	Meilina A	ddress (Stree			al Route Number		011	Code)
and 22		Holly L. Flester		e۳						1, Mary			, 0000
Hea		20a. Method of Disposition	Daugne	20b. I	Plece of	Dispositio	on (Name of		Jaure	Date Date	20c. Location		own Stete
nent of ant: If It ury or o		1 ☐ Burlel 2 ☐ Cremetlon 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special		State			ory or other ple		m Inc				aryland
Department of H Important: If Ita any Injury or of once.	1	21. Signature of Funerel Service Lice	nsee	1		22. Na 01i	n L. Mo	ess of Feci	orth	P.A. F1	ineral	Home	
	_	Seace o o	Mu			264	Ul Rid	ge Ro	ad Da	amascus	, Maryl	and	20872
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nysician			330										Onset end De
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ne atten	Physician/	Pert II. Other significent conditions of	ontributing to de	eath but not res	ulling in	the under	rtying cause gi	ven in Pert	1.	23b. Did t	tobacco use c	ontribute to	the cause of
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within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	Certification:	2 Accident investigettor 3 Suicide 6 Could not b 4 Homicide determined	e 28e. Piaca	of Injury - At h	ome, farr			Yes 2	-	28f. Location (5 City or Tow		ber or Rure	l Route Numbe
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in 24 hc he Fun pletely	edical	29a. Certifier (Check only one) Certifying Ph 2 Medical Example	niner: On the bi	asis of examine ner steted.	tion end/	or Investi	getion, in my o	me, dete ei opinion, dei	ath occurr	ed et the time,	cause(s) end m dete end pleca	enner es st , end due to	eted. the ceuse(s)
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ļ			mpleted caus										
			.D. 113	05 Pits	sea I	Drive	Belts	ville	, Ma	ryland	20705		
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State of Maryland / Department of Health and Mental Hygiene

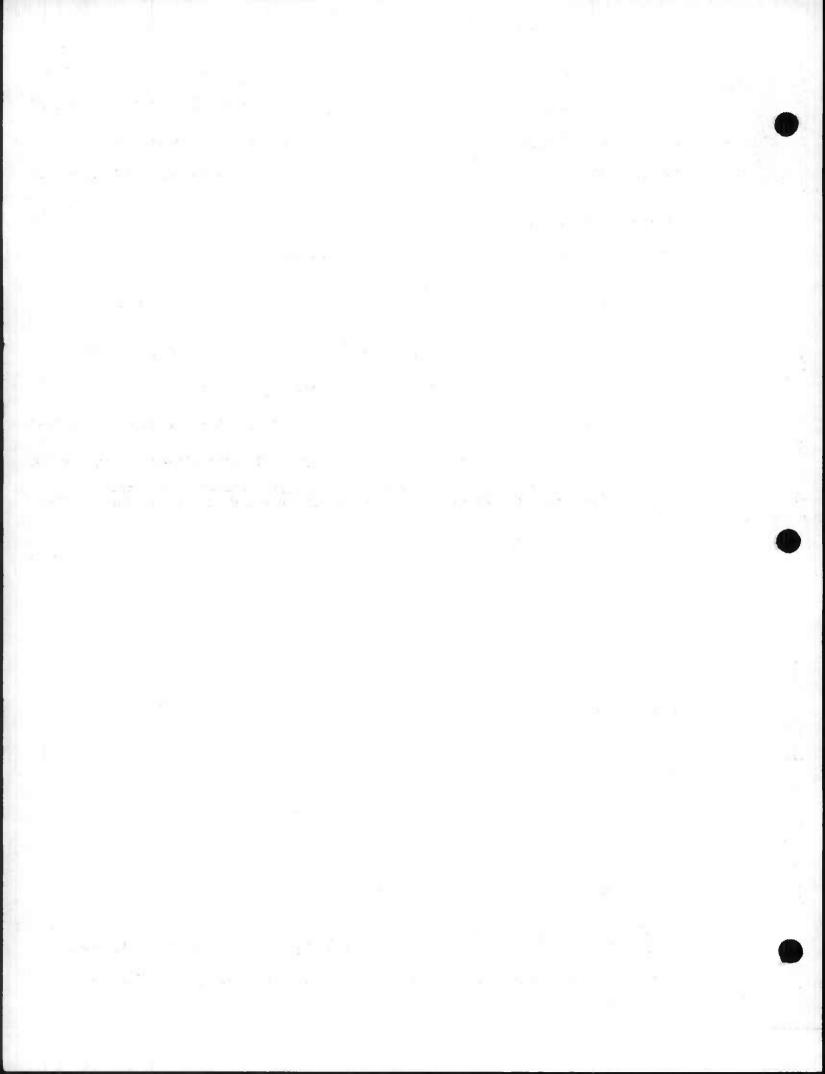
						Cer	tificate c	f Death			Reg. No).		
	1.1.		1. Decedent's Name (First, Midd	lle, Last)		71			1 2	2. Date of D				3. Time of Deeth
	Physic		Vivian	Fowler					М	Month	12. 1	y 1997	Year	3:00 PM
	/Medi Exami		4a. Facility Name (If not institution		er)			4b. City, To		ation of Daa		. County of		J.00 IH
			7812 Aberdeen	Road				Beth	anda		,	Nombre.		
Н	Funeral		5. Social Security Number		Age (In yrs. la:	st birthday)	If Undar 1 Ye	ar If Under	24 Hrs.	8. Date of B (Month, D	irth		omery 9. Birthplace	a (State or Foreign
	Director		217-52-7576	1□M 2√F	92	Yrs.	Months Day	ys Hours						
Н	D		Usuat Residence of Decedent		7.4				U	ct.18	, 1904	+	Virgi	n1a
	ylan		10a. State 10b. County	1	10c. City,	Town or Loc	ation						10d.	Inside City Limits
	Ma	to	Maryland Mont	tgomery	F	ethes	da							1 ☐ Yas 2 ☑ No
	7 28	Director	10e. Street and Number	0			10f. Zip Code	Ð			10g. Cit	izan of Wh	nat Country	?
	h wii		7812 Aberdeen	Road				20814			II	.S.A.		
	deed	Funeral	11. Marital Status	12. Was Decede	nt Evar in U,S.	. 13. W	as Decedent	f Hispanic Ori	gin? (Spec	ify Yas or N		14. Race	- Amarican	
0	or its	3	1 Naver Married 2 Mar				Yes, specify C			ican, etc.)			, White, etc.	•
02	ai', c	þ	3₺ Widowed 4 □ Divorcad	If Yes, Give Year or Date:	s:	1	☐ Yes 2XIN	lo Specify:				Specify:	White	
21215-0020	filed within 72 hours efter deeth with the Maryland Hygiene. ther than "natural", or Items 23a or 28a-f show ont, the Medical Examinat must be notified at	Completed	15. Deceder	nt's Education	I	16a. Deced	ent's Usual Oc	cupation		_	16b. K		Iness/Indus	
21	thin .	pie	Elementary/Secondary (0-12)	est grade completed) College (1-4c	or 5+)	life. D	ind of work do O NOT use ref	ne dunng mos ired)	t of working	9				
	filed with Hygiene. ther than	10	12			Atten	dant				St. F	Eliza	beth 1	Hospital
pu	be filed htel Hygi od other event, I	Be	17. Fether's Name (First, Middle,	Last)				18. Mothe	er's Name ((First, Middle				
la	should by the state of the stat	P	Joseph A. Ster	ohens				Mat	ilda	Howe				
Maryland	2 should be f end Mentei h is marked of sumatic eve		19a. Informant's Name/Relations			19b. Mailing	Address (Stre				ber, City o	or Town, S	tate, Zip Co	ode)
	BEZE		June P. Jackso	on		7812	Aberdee	n Road	Bet	hesda	Mary	vland	2081	4
ore	of Hear item		20a. Method of Disposition		con	ce of Dispos	ition (Name of atory or other			Date			ity or Town,	
E	Peges nent of h		1 ⊠ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (5		te		1 Ceme		2/1	17/97	C.,	land	Manari	لمسا
Baltimore,	4 5 7 5		21. Signature of Euneral Service	Licensee	r	1 22.	Name and Ade	dress of Facilit	ly					Land
m	Depermine Depermine Important in porce.		1/1/	0//	111		ancis J					-		
1	-	1	23a. Part1. Enter the decase of shock, or heart fallure. Line	umplications that caus	sed the death.	Do not ente	Unive	rsity	Blvd.	, W., S	ilver	Spr	ing, M	D_20901_
	Physician		shock, or heart failure. Lid	only one couse on each	line.			yang, outin do	04,4140	raopii atory	a,,,,,,		tnt	terval Between
	/Medical		Immediate Cause (Final	0	1		Ti	n. (C.	A				17	
	Examiner		diseese or condition resulting In death)	a.K.esp	114+	OFY	_h	11/17	Cie	ncy			- 4	- Weeks
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	uted Insit	F		Resp	11C C	11351	Tuct	ive 1.	MIM	10 Na1	y	Nese	ase 1	Vylan
,	icate be executed physician end s the buriel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	n	Due to (or a	is a consequ					0		10	- Weeks 10 years
292	sicia bur		Cause (Disease or injury that initiated events	. Reci	urre	ent		neur	non	1,9			1	- years
68760,	ertificate be executed ding physician end se as the buriel-transit	Medicai	resulting in deeth) Last		Due to (or a	s a consequ	enca or);/							0
×	0 2 4	2		d										
Bo	requires thet the death seen signed by the etter hould be detached for t	Physician	Contil Other designation of the		h					1				
0	the c	Jys	Part II. Other significant condition			ing in the un	derrying cause	given in Part I	•			/		e cause of death?
0	thet hed b		Usteon	2120700						1 1	Yes 2	No 3	3 ∐ Probab	oly 4 Unknown
ds,	uires t	d by								24a Wa	s an auto	nsv	24b. Were	autopsy findings
Record	v raquire baen sig should t	Completed									ormed?	,	availal	ble prior to letion of cause
36	200	d E											of dea	dh?
<u>e</u>		S								1 🗆	Yes 2	QNo	1 🗆 Y	es 2 No
of Vital	Physician: The this certificate rai director, pag	Be	25. Was case referred to medica examiner?						of Death ((Check only	ona)			
5	Physi this c rai dir	ို	1 ☐ Yes 2 No	Hospital: 1 - Inpa	itient 2 El	R/Outpatient	3LI DOA		irsing Home	e 5 NAes	idence	6 □Other	(Specify)	
		Certification:	27. Manner of Death 1 Naturel 5 □ Pendir	28a. Date of Ir (Month, L	njury 2 De <i>y Year)</i> 2	8b. Tima of Injury	28c. Ir			Bd. Dascribe	how Inju	ry occurre	d	
Sio	Attending or death. octor: After by the fune	cati	2 Accident investi	gation			M 1	Yes 2	No					
Division	or Att	=	3 ☐ Suicide 6 ☐ Coutd 4 ☐ Homicide determ	nined 286. Placa of I	Injury - At hom etc. (Specify)	e, farm, stre	et, factory, offic	00	28	Bf. Location City or To	(Street and own, Stete	nd Number e)	r or Rural Ro	oute Number,
	ital c													
	To the Hospital or Attent within 24 hours efter deati To the Funeral Director: completely filled in by the	edicai	(Check only 2 Medical	ng Physician: To the bes Examiner: On the basis	st of my knowle	edge, death	occurred at the	time, date an	d plece, en	nd due to the	ceuse(s)	and men	ner as state	id. e cause(s)
	the thin 2 the fundamental the	Med	One)	and manner	stated.									
			29b. Signature and title of certifia	0 0			29c. Lice	ense number			29d. Da	ta signed	(Month, Day	/, Year)
	3		1 X tel	dma	~		24	673	4		03	3/13	319	7
			30. Name and eddress of person	who completed cause of	f death (Item 2	3a) (Type, P	rint)							
			Irene Feldmar	M. D. 52	225 Poo	ks Hi	L1 Road	#1 B	ethes	da.Mai	cvlan	nd 201	814-20	094
	Sta	te	31. Date filed (Month, Day, Year)	32 Flogis	itrars Signatur	10				, , , , , , ,	,			
	Registr	ar	MAR 1 8 19	197 Julie	Davidson	Andel	2							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 10223 State of Maryland / Department of Health and Mental Hygiene

							C	ertificate	of Death	,	Reg. No.		
			1. Decedent's Neme (First,	, Middle, La	st)					2. Dete of De	eth	Vees	3. Time of Deeth
	Physic /Medi		Margaret E	. Far	ley					Month	18, 199	Yeer 7	10:55 AM
	Exami		4e. Facility Nama (If not ins	stitution, giv	a street end nu	mber)			4b. City, Town, or	Location of Deat	4c. County	of Death	
			Layhill Nur				***		Silver S		Montg	omery	
- 1	Funeral		5. Social Security Number	6. S	Sex I□M 2☑F	7. Age (In yrs	. last birtho	Months Da		(Month, De	th y, Yaer)	9. Birthple Count	ece (Stete or Foraign ry)
	Director		577-05-7096 Usual Residence of Deced			91	118	·		Dec. 4	,1905	Washi	ngton, D.C.
	land			County		10c. C	ity, Town o	r Location				10	d. Inside City Limits
	Man	to	Maryland Mo	ntgom	erv		Silve:	r Spring					1 ☐ Yas 2 ☑ No
	or 28	Director	10e. Street end Number					10f. Zip Coo	de		10g. Citizen of	Whet Count	ry?
	th wi		3227 Bel Pr	e Roa	d				20906		U.S.A		
	be filed within 72 hours efter deeth with the Maryland itel Hygiene. d other tran "natural", or items 23a or 28a-f ehow event, the Med cal Examiner must be notified at	Funeral	11. Maritel Status		Armed Fo		J,S.	13. Wes Decedant If Yes, specify (of Hispanic Origin? (S Cuben, Mexican, Puer	Specify Yes or No to Rican, etc.)	- 14. Red Blad	e - Amarica ck, White, e	
20	or I	by F	1 ☐ Never Married 2 ☐ 3 ☐ Widowed 4 ☑ Dir		1 ☐ Yas If Yes, Gi	ve		1 ☐ Yes 2X			Specify		
5-0020	hour tural	D D		vorcad ecedent's Ed	Yeer or E	Detes:	160 D	andont's Heuri Or	aupation			White	· · · · · · · · · · · · · · · · · · ·
5	n 72 nat	Сотріете	(Specify only	highast gra	ide completed)		(G	ecedent's Usual Oc iive kind of work do ie. DO NOT use ra	one during most of wo litired)	rking	160. Kind of B	isiness/indi	ustry
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	tel Hygie d other evant, tr	BeC	17. Father's Name (First, N	liddla, Last))				18. Mother's Na	ma (First, Middle,			
3,	should be and Mentel marked o	ToE	Roger LaHay	ne					Annie Lo	ou Tyler			
h 18, 19 Maryland	2 should be filed within end Mentel Hygiene. Is marked other than aumatic evant, the Mentel Head.		19e. Informent's Name/Re	lationship (Type, Print)		19b. M	ailing Addrass (Str	raat end Number or Ri	urel Route Numb	er, City or Town,	Stete, Zip	Code)
	D = 2 =		John L. Far				90 (Glade Cir	cle West	Rehobot	h Beach	Dela	ware 19971
Mar	ges 1 t of H If Itel		20e. Mathod of Disposition 1 Burlel 2 Cram		Removel from		Placa of Di cemetery,	sposition (Neme o cremetory or other	f plece)	Dete	20c. Location -	City or Tov	vn, State
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	permit. Pages Depertment of Important: If It any Injury or o		21. Signature of Funerel Si	A			,	22. Name and Ad		Funeral	Home	Inc	
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ろい			23a. Part1. Enter the diseashock, or heart feilure	ese, or come b. List only	plications that one ceusa on a	causad tha dea aach line.	ith. Do not	enter the mode of	dying, such as cardia	c or respiretory e	rrest,	1	Approximate intervel Between Onset end Deeth
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	icete be executed physician and s the buriel-trensit	Examiner	Sequentially list conditions		b. ———	Dua to (or as a con	sequence of):		-			
. 0	an en		Sequentially list conditions if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury	ė		55215 (000000						
M.D.	The law requires thet the death certificete be executed ate has been signed by the ettending physician end page 2 should be deteched for use as the buriel-trensit	Physician/Medical	that initiated events resulting in deeth) Last	5	c.	Due to (or as e con	sequence of):					
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Jr., Box	eath cer ettendin I for use	ian			d								
e, J	the e	ysic	Part II. Other significent co	onditions o	ontributing to d	eath but not re	sulting in th	a underlying cause	given in Part I.	23b. Did	tobecco use co	ntribute to	the cause of death?
r. P.	res thet the de signed by the e	문	Pacemaker							1 🗆	Yes 2 No	3 Prob	ably 4 Unknown
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. 60	v require been si should b	Completed	tip free	Jens 7	galom	4				perfo	ermed?	eve	ilabla prior to
S C Exa	The law ate hes page 2 :	dmo	tio fre	4 -							. 506		eeth?
ancis cal Vital			25. Wes case referred to m						20 Disease of Day	1 0		1	Yes 2□ No
Sca an	Physician: this certific ral director,	To Be	axaminer? 1 ☐ Yes 2 No	io dicar	Hospitel:	Inpatient 2	TER/Outpe	itiant 3 DOA		ath <i>(Check only c</i> Home 5□ Resi		or (Snacih))
ed j	E E E		27. Menner of Daeth			of Injury th, Dey Year)	28b. Tim		njury at Work?		how injury occur		/
>ZO	r Attanding Per death.	Certification:		Pending nvestigation		tn, Dey Year)	inju		work? 1 ☐ Yes 2 ☐ No				
S	or Attandia efter death. Director: Ald in by the fu	tific		Could not be datarmined	288. PIBC	of Injury - At h	nome, farm,	straat, factory, off	ice	28f. Location (Street end Numb	er or Rurel	Routa Number,
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Cle	Hospital 24 hours of Funeral istely filled	edicai	CHOCK OTHY 2 ME	ortifying Phy odical Exam	wnar: On the b	asis of axamina	owladga, de ation and/o	eath occurrad et the r Invastigetion, in n	a tima, data and place ny opinion, death occu	a, and dua to tha	cause(s) end me dete end place,	ennar es ste	etad. the ceusa(s)
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	6		20 Non-	MAN			- 00)	リリ	3726		14/4/24	18,1	794
	'		30. Name end eddress of p	erson who	completed caus	sa of death (Ite	m 23a) (Ty	111 Print	Phila Da	Olast.	MA ?	082	2
	Sta	te	30. Name end eddress of p Annih 31. Dete filed (Month, Day,	Year)	32. F	legistrer's Sign	ature	., ,,,,,,,	The same of	,	1110		
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5:30 PM March 18, 1997

DHMH 16 Rev 6/95



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

2

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

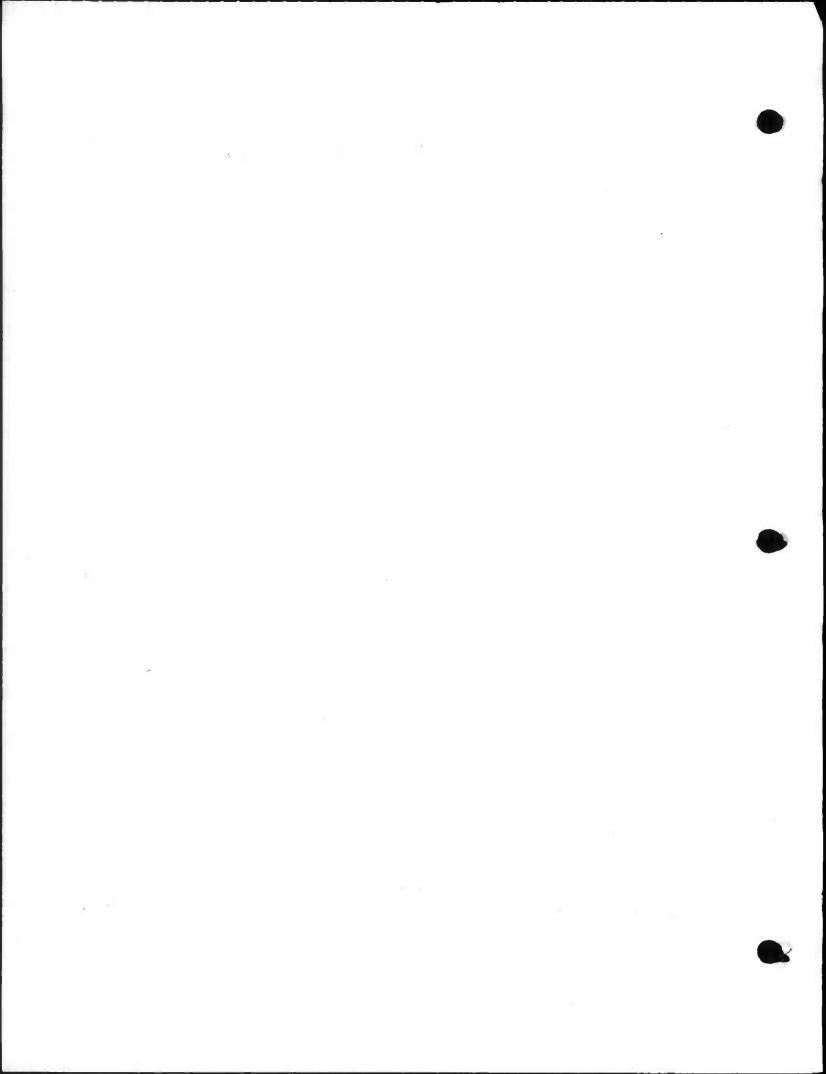
REGISTRAR				CERTIF	ICATE OF	DEATH	F	REG. NO				
1. DECEDENT'S NAME (First	, Middle, Last)										3. TIME OF DEAT	ГН
STE	LLA	M.	FREI	DAG							4:45	AN
4. SOCIAL SECURITY NUM	BER	5. SEX	_		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	BIRTH	, ,	8. BIRT	HPLACE (State or Fo	
		1 □ M 2 🔀 F	75	YRS.	MONTHS DAYS	HOURS MIN.	JAN. 1	15,1			CONN.	
9e. FACILITY NAME (If not is	nstitution, give	street and number)			96. CITY, TOWN	OR LOCATION OF D	EATH		9c. COL	JNTY OF I	DEATH	
		LLS NUF	RSING	CTR.	WE	IEATON			MC	ONTG	OMERY	
10e. STATE	10b. COUNT	ſΥ		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY	,
MD.	MC	ONTGOMER	RΥ		GAITH	ERSBURG	3					NO
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shock, or h iMMEDIATE CAUSE (Fi disease or condition_	eart fallure.	List only one ca	use on ea	ch line.					iratory ai	rreat,	interval B	etween
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cond only		COLUMN TO THE REAL PROPERTY.									(s) end manner es s	stated,
29b. SIGNATURE AND TITL	A JO	Recore). N.	1.1)		29c, LICENSE NU	IMBER 234		29d. DA	TE SIGNE	D (Month, Day, Year)	
30, NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAL	SE OF DEA	TH (ITEM 27) (Type	e, Print)	1 10 10	-/		1	10 1	/ (/	
BARRY RO	SENBI	AUM 3	720	FARRA	GUT A	VE. KEN	15/NO.	TOK,	110	20	1885	

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) MAR 2 1 1997

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL OR ATTENDING PHYSICIAN. The law remines that the death certificate he executed within 2s hours after
SION	TENDING
2	OR AT
	HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN REGISTRAR Margaret Regina Garner CERTIFICATE OF DEATH STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF PEATN MONTH MATCHAN 3. TIME OF DEATN YEAR arner 100 7. DATE OF BIRTH M 5. SEX IF UNDER 1 YEAR Pages 1, 2, 3 should N OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR YOL ane 10d. INSIDE CITY 10c. CITY **TOWN OR LOCATION** 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? leath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-transit aNR 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Block, Whita, alc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) IF YES, GIVE WAR OR DATES YES 2 NO Specify: BY 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surn Margaret Dalton James Nelson Craig notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 12850 Owens Drive, Waldorf, MD 20602 Patricia Padgett-Daughter pe 20a. METNOD OF DISPOSITION
1 String Burial 2 Cramation 3 4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Resurrection Cemetery 3 - 31Clinton, MD medicai examiner FUNERAL SERVICE LA 21. SIGNATURE 22. NAME AND ADDRESS OF FACILITY
Huntt Funeral Home, Inc. ou M00053 G. P. O. box 156, Waldorf, MD 20604-0156 filled in by the figon, or removal. 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart feilure. List only one cause on each Interval Between IMMEDIATE CAUSE (Finel Onset and Death the cremation. disease or condition completely TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed when TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat #MPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, it is the property of th resulting in death) CERTIFICATION Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\sqrtare\) UNCERTAIN \(\sqrtare\) 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL: 1 TYES 2 NO Inpetient 2 ER/Oulp Nursing Nome 5 Residence 8 Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 1 Netural Accident t YES 2 NO BY 28e. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Nomicide CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beels ation end/or investigation, in my opinion, death occured at the time, deta and place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GLEN 32. REGISTRAP'S SIGNATURE
JULIA D'AURILIAN RANGALL MAR 2 6 1997



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Date of Deeth 1. Decedant's Nama (First, Middia, Last) 3. Tima of Death Month Year **Physician** JOHN T. GLANDING 22 1997 12:15am /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Medpoint if Under 1 Yeer If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthplaca (Steta or Foreign Country) **Funeral** 180 M 2□ F Yrs. 70 Director 202-18-1359 7-25-1926 Maryland Usual Rasidance of Decedant tha Maryland 10a Stata 10b. County 10c. City. Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Mooical Examiner must be nottled at NE Yes 2 No Director Cecil Warwick Md. 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 117 Main Street, P.O. BOX 52 21912 USA Funeral 12. Was Dacedant Evar in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc. 72 hours after 1 X Yas 2 No If Yes, Give Yaar or Datas: 1946 1 ☐ Never Merried 2€ Merriad Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 2 ☑ No Specify: Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry at Hyglena. Eiamantary/Secondary (0-12) Coliaga (1-4or 5+) Maintanence Grounds Keeper permit. Pagas 1 and 2 should be file Department of Health and Mental Hy, Important: If item 27 is marked othe any injury or other traumatic event, solice. 17. Fethar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Haddie Glanden John Thomas Glanding, 19b. Mailing Addrass (Street end Number or Rural Routa Number City or Town, State, Zig Code) 117 Main Stree, P.O. BOX 52, Warwick, MD. 19a. Informant's Name/Raiationship (Type, Print) Betty Glanding 21912 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cramation 3 □ Removel from State 4 □ Donetion 5 □ Othar (Specify) 3-25-97 Warwick, Md. Warwick Cemetery 21. Signatura of Funaral Service N 22. Nama and Addrass of Facility DANIELS & HUTCHISON FUNERAL HOME Do not anter tha moda of dying, such as cardiac or raspiratory arrast, 19709 Broad St. Middletown, DE. 23a. Part1. Enter tha disaasa, or complications shock, or heart failura. List only ona causa on a same shock. Approximate Interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final Ischemic Cardiomyopathy diseesa or condition rasulting in daath) Years Examiner Dua to (or as a consequence of): Examiner Coronary Artery disease Years attanding physician and for usa as the burial-transit requires that the death certificate be executed Sequentially list conditions, if any, laading to Immadiata causa. Enter Undarlying Cause (Disaase or injury that initiated evants rasulting In death) Lest Dua to (or as a consequence of): Box 68760. Physician/Medical Dua to (or as e consequence of): signed by tha a Part II. Other significant conditiona contributing to death but not rasulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Hypertension, Chronic obstructive þ Pulmonary disease 24a. Was an autopsy performed? 24b. Wara autopsy findings aveilable prior to Completed peeu completion of causa of death? paga 2 s 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital or Attanding Physician: after death. 25. Was case rafarred to madical Be 26. Placa of Daath (Check only ona) Hospital: Other: 4 Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) Certification: To 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA Aftar this funaral 28a. Data of injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Panding after death.

Director: Aft
d in by the fur 1 Yas 2 No invastigation 2 Accidant 6 Could not be datarmined 3 Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) hin 24 hours after da the Funeral Directo nplataly filled in by th 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifias Medical (Check only one) To the I within 2 To the I complet 29b. Signetura and titla of certifier 29c. Licensa number 29d. Date signed (Month, Day, Year) Monte Makous, Mo March 22, 1997 D-44783 7/4/VA 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) Monte Makous, MD 111 High Street, Elkton, MD. 21921 31. Data filed (Month, Day, Year) 32. Registrar's Signatura

Listia Varidson-Randalle

DHMH 16 Rev 6/95

State

Registrar

MAR 2 4 1997

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible, State of Marvland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

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Physician		Decedent's Nem		Last)	Gillis					2. Dete of De Month	Dey	Year / 9 7	3. Time of Death
/Medical Examiner		te. Fecility Name (- 4	b. City, Town, or I				1100
Examiner		The second second	lospital		201111				Elkton		Ceci		
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permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Department if them 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinat must be notified at once. To Be Completed by Funeral Director		10e. Stete	10b. County		10c. C	ity, Town or Lo	cation					10	Od. inside City Limits
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		+ F		Certificate of Death	Reg. No.	
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	Exami		4e. Fecility Name (If not Institution, give street end number)	4b. City, Town, or L	ocation of Daath 4c. County of Death	
			Weshington County Ho	spital Hagers	town Washing	gton
	Funeral	П	5. Social Security Number 6. Sex 7. Age (In yr	s. lest birthday) if Undar 1 Year If Undar 24 Hrs. Months Deys Hours Min.	(Month, Day, Year)Coun	lace (Stete or Foreign
	Director		Usual Residence of Decedent	/ 113.	FEB 15 1920 Fzge	Heville, ta
	land w			City, Town or Location	1	0d. Inside City Limits
	r 28a-f show	to	PA FRANKLIN	WAYNESBORO		15 Pas 2 No
	with the Maryland a or 28a-f show	Director	10e. Street end Number	10f. Zip Code	10g. Citizan of What Coun	ntry?
	23a or		112 FAIRVIEW AUE	17268	USA	
	8 B E	Funerai	11. Meritel Status 12. Was Decedent Evar in	U,S. 13. Was Decedent of Hispanic Origin? (Spilf Yes, specify Cuben, Mexicen, Puerto	pecify Yes or No- 14. Race - Amaric	
0	or iten	3	1 Nevar Marriad 2 Married 1 ☐ Yes 2 No If Yes, Give	1 Yes 2 No Specify:		etc.
005		d by	3 Widowed 4 Divorced Year or Dates:	TEL TOS 25 NO Specify:	Specify: Whi	ite
21215-0020	72 hours "natural",	Completed	15. Decedent's Education (Specify only highast grede completed)	16e. Decedent's Usuel Occupetion (Give kind of work done during most of work life: DO NOT use retired)	16b. Kind of Business/Ind	dustry
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	Hygie ther t	ပိ	17. Fether's Name (First, Middle, Last)	Decretary Ha Mother's Nam	na (First, Middle, Maiden Sumame)	4's UTTICE
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Z			H. Willard Good, husband	112 [Wzynesboro Pa	
e,	of Health item 27 other tr			Place of Disposition (Neme of	Dete 20c. Locetion - City or To	
E O	9 = 5		1 Burlal 2 ☐ Cremation 3 A Removel from State 4 ☐ Donation 5 ☐ Other (Specify)	cemetery, cremetory or other place)	3/29 Clasharch	in to
Baltimore	permit. Page Department of Important: If any Injury or once.		21. Signature of Funerel Service Licensee	22. Name end Address of Fecility	ove Funeral Hon	no ine
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J.	Physician		shock, or neert feilure. List only one ceuse on each line.			Intervel Between Onset and Death
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	Examiner	Ш	resulting in death)	(or es e consequence of):		27 100
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	icate be executed physician and s the buriel-transit	Examiner	0.	(or es e consequence of):		
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o	a Physical P		27. Manner of Death 28a. Dete of Injury	28b. Time of 28c. Injury et	28d. Describe how injury occurred	//
ior	Attending or death. ector: Atter by the fune	atio	1 Naturel 5 ☐ Pending (Month, Dey Year) 2 ☐ Accident investigation	Injury Work? M 1 Yes 2 No		
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٥	To the Hospital or Attanding Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	4 Homicide building, etc. (Spec	my,	City or Town, Stete)	
	To the Hospital of within 24 hours at To the Funeral D completely filled	edical	29a. Certifier (Check only 2 Medical Examiner: On the basis of examiner	nowledge, deeth occurred et the time, dete end place, netion end/or investigation, in my opinion, deeth occur	end due to the ceuse(s) end menner es st	teted.
	the H the F the F		one) and menner stated.		Ted et the time, dete end piece, end due to	(ile ceuse(s)
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			Michael J. Vad	J MD D 45 936	, 3/26/97	
	1		30. Name end eddress of person who completed cause of deeth (Ite	em 23a) (Type, Print)	0 1 107	11000 1
			Michael G. Kadley	MD, 11110 Medical	1 campus supercl,	Hoyerstow
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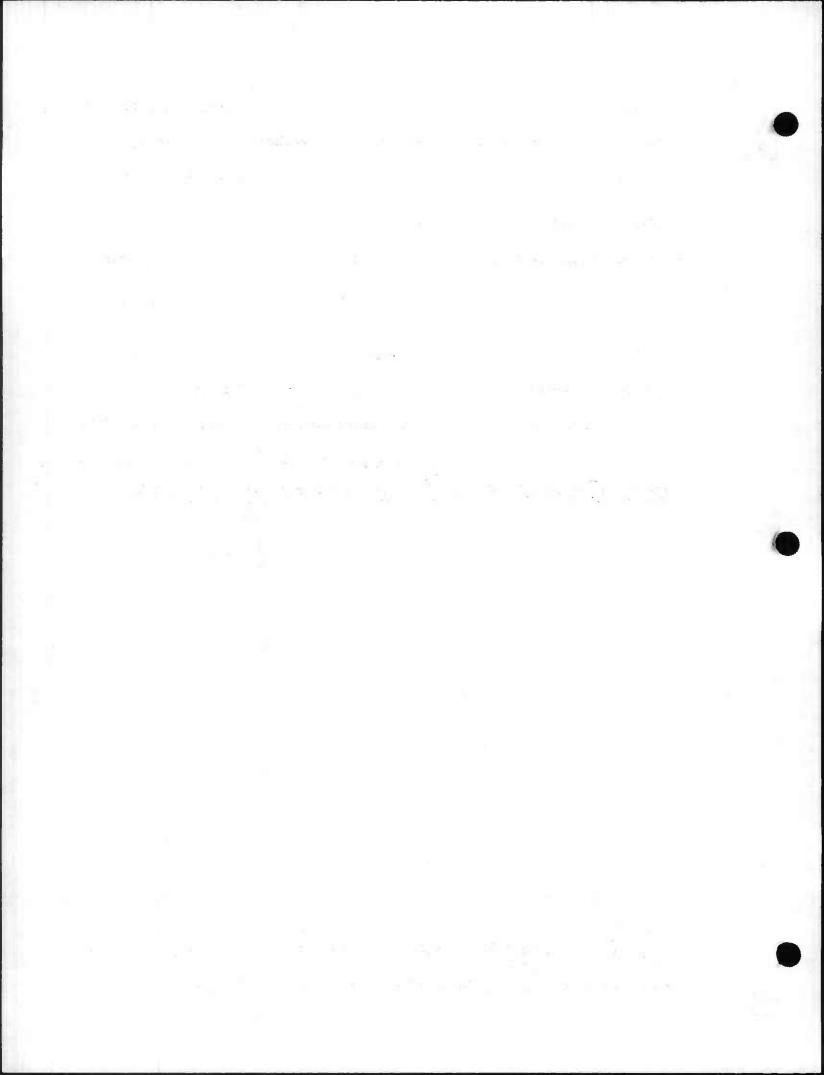
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<u>ح</u>								☐ Yes 2 No 3 Probably 4 Unknow				
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Sertiti	4 Homicida datarmine	Zoa. Place of In	ury - At ho c. (Specify	ma, farm, street, fac	tory, offica		28f. Location (S City or Tow	itreet and Numbe n, Stata)	er or Rural f	łouta Number,		
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7	30. Name end eddrass of person wh	o complated cause of d	laath (Itam	23a) (Type, Print)	SIITT	E 103		1.	1.	-		
							1 4+0)-641-06	46			
Manipal Cardinal To Da Camalada his Ohizalalad Distriction Translate	Medical Certification: 10 be Completed by Physician/Medical Examiner	Harry Sieck 19a. Informant's Name/Ralationship Alice G. Costell 20a. Mathod of Disposition 1 Burial 2 Ceremetion 3 4 Donetion 5 Other (Spe 21. Signatura of Funaral Sarvice Lie 23a. Part1. Entar tha disaasa, or coshock, or haart failure. List on Immediata Causa (Final disaase or condition rasulting in death) Sequentially list conditions, if eny, leading to immediata causa. Entar Underlying Causa (Disaase or Injury that initiated events rasulting in death) Lest Part II. Other significant conditions 25. Was casa rafarred to medical axaminer? 1 Yas 2 No 27. Mannar of Death 1 Natural 1 Natural 2 Accidant 3 Suicida 4 Homicida 29a. Cartiflar (Check only one) 29b. Signute and title of certifier 30. Name end eddrass of person where the condition of the con	Harry Sieck 19a. Informant's Name/Ralationship (Type, Print) Alice G. Costello, daughte 20a. Mathod of Disposition 1	Harry Sieck 19a. Informant's Name/Ralationship (Type, Print) Alice G. Costello, daughter 20a. Mathod of Disposition 1 Burial 2 Cremetion 3 Ramovei from State 4 Donetion 5 Other (Specify) 21. Signatura of Funaral Sarvice Licensaa 23a. Part1. Entar tha disaasa, or complications that causad the death shock, or heart failure. List only one cause on each line. Immediate Causa (Final disaasa or complications that causad the death shock, or heart failure. List only one cause on each line. Immediate Causa (Final disaasa or complications that causad the death shock, or heart failure. List only one cause on each line. Due to (or Causa (Disaase or Irijury thet initiated events rasulting in death) Part II. Other significant conditions contributing to death but not resulting in death) Part II. Other significant conditions contributing to death but not resulting in death) 25. Was case referred to medical examiner? 1 Yas 2 No 27. Mannar of Death 1 Nother significant conditions contributing to death but not resulting invastigation invastigatio	Harry Sieck 19a. Informant's Name/Relationship (Type, Print) Alice G. Costello, daughter 20a. Mathod of Disposition 1	Harry Sieck 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Stree Alice G. Costello, daughter 20b. Place of Disposition 19 Burial 2 Cremetion 3 Ramovel from State 20b. Place of Disposition (Name of Emergery, Committory or other place of Disposition (Name of Emergery, Committory or other place of Disposition (Name of Emergery, Committory or other place of Disposition (Name of Emergery, Committory or other place of Disposition (Name of Emergery, Committee) St. Fidelis Cemeel St. Fidelis Cemeel St. Fidelis Cemeel St. Fidelis Cemeel St. Fidelis Cemeel St. Fidelis Cemeel St. Fidelis Cemeel St. Fidelis Cemeel Dennis Research Dennis Res	Harry Sleck 19a. Informant's Name/Ralationship (Type, Print) Alice G. Costello, daughter 20a. Mathod of Disposition 13B Burial 2 Cremetton 3 Ramovel from State 4 Donetion 5 Other (Specify) 21. Signature of Funaral Sarvice Licensea 22. Nama and Address of Facility 22. Nama and Address of Facility 22. Nama and Address of Facility 22. Nama and Address of Facility 22. Nama and Address of Facility 22. Nama and Address of Facility 23a. Part1. Entar the disease, or complications that causad the death. Do not antar the mode of dying, such as cardiac shock, or heart failure. List only one cause on each line. Sequentially list conditions, if any, leading to immediate causa (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a con	Harry Sieck 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number of Rural	Harry Steck Margaret Welsh (Sieck 19a. Informant's Name/Raidanoship (Type, Print) 19b. Maling Addrass (Street and Number or Rural Roots Number, City or Town. 19b. Maling Addrass (Street and Number or Rural Roots Number, City or Town. 19b. Maling Addrass (Street and Number or Rural Roots Number, City or Town. 19b. Maling Addrass (Street and Number or Rural Roots Number, City or Town. 19b. Maling Addrass (Street and Number or Rural Roots Number, City or Town. 19b. Maling Addrass (Street and Number or Rural Roots Number or Rural	Harry Sieck Margaret Welsh (Sieck)		

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State of Maryland / Department of Health and Mental Hygiene 9 7 | 0 2 3 |

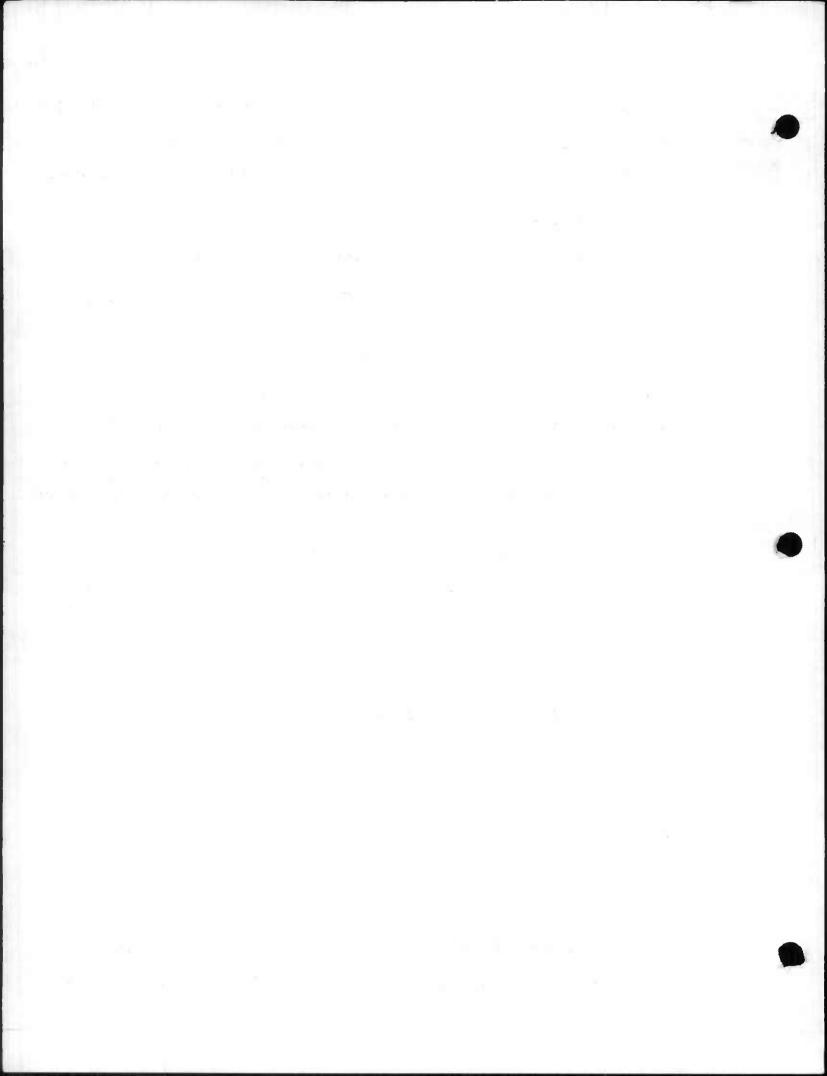
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	4		1. Decedent's Neme (First, Middle, Las	st)				2. Date of Dec	of Death 3. Tin					
	Physici		Louise G. Gill				Month	Dey 17, 19	97 9:12 AM					
	/Medio Examir		4a. Fecility Neme (If not institution, give street end number)				4b. City, Town, o	r Location of Deeth						
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L	Director		578-28-4940 Usuet Residence of Decedent	□M 21XF 8	4	Yrs. Month	s Deys Hours Mi	August	4, 1912	Virginia				
	dand M M		10e. State 10b. County		10d. Inside City Limits									
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	De lied within 72 hours effer death with the Maryland tall Hygiene. And other than "natural", or ferms 23a or 28e-f show event, the Medical Examiner main to invited at		11. Marital Status	12. Was Decedent E	var In U.S.	13. Was Dad		Specify Yas or No-	United 14. Rac	States e - American Indien,				
Maryland 21215-0020			1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Yaar or Datas:			edent of Hispanic Origin? becify Cuban, Mexican, Pue 2 X No Specify:	nto Rican, etc.)	Specify	ck, Whita, atc.				
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Ž	permit. Pages 1 and 2 should Department of Health and Mer Important: If Item 27 is marke eny Injury or other traumatic once.		Richard C. Thews /	son	13/	105 Agg	ont Way Cor	mantorm						
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ı	To the Hospital or Attending Physical Within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral director.	Me	29b. Signature and title of Sedifier	2	-1/) -				d (Month, Day, Year)				
	within 2 within 2 To the F		Ver C. Jan	meny do	mD.	?	D21115			8, 1997				
			30. Neme end eddrass of person who c	()		Type, Print)	D21115							
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DHMH 16 Rev 6/95



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						Ce	rtificate	of L	Death			Reg. No.		
			Decedent's Neme (First, Middle, La	st)							2. Dete of D			3. Time of Death
	Physic		Helen E. Gocal								Month	17, 199	Yeer 7	10:10 AM
	/Medi Exami		4a. Fecility Neme (If not institution, giv	e street and number)				4	b. City, To	wn, or Lo	cation of Dee			100.10
-1	LAGIIII	161	7304 Adelphi Road					F	lyatt	evil	10	Princ	e Cer	orge's
Н	Funeral		5. Social Security Number 6. S	Sex 7. Age	e (In vrs. k	est birthday)	If Under 1		If Under	24 Hrs.				
	Funeral Director			I□M 2\ F 8		Yrs.	Months D	eys	Hours	Min.	8. Date of B	ey, Year)	Cou	place (State or Foreign ntry) nsylvania
	_		Usual Residence of Decedent	0	5						reb.	21, 1912	rem	isyivania
	land		10a. State 10b. County		10c. City	, Town or Lo	cation							10d. Inside City Limits
	Mary 4 sh	0	MD Prince G	oorgo!s	Unati	tsvill	0							1 ☐ Yes 2 No
	28a	Director	10e. Street end Number	eorge s	nyati	CSATII	10f. Zip Co	ndo				10a Citizen of	Affrod Cour	-12
	n 72 hours aftar death with the Maryland "neturel", or items 23a or 28a-f show edical Examiner must be notified at	ā										10g. Citizen of Whet Country?		
	23 23	Funeral	7304 Adelphi Road			2078					USA			
	ar de	n	11. Maritei Status	Ever in U,S	5. 13.	Was Deceden f Yes, specify	Cuba	spanic Ori n, Mexicar	gin? (Sp n, Puerto	ecify Yes or N Rican, etc.)	No- 14. Raca - American Indien, Bleck, White, etc.			
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12	within ena. than "	To Be Completed	Elementery/Secondary (0-12)	College (1-4or 5	+)									
7	filed within Hygiena. other than		12			Homemaker						Own H		
pu	should be filed within and Mental Hygiena. marked other than imatic event, the M		17. Father's Name (First, Middle, Last,)					18. Mothe	er's Nam	ne (First, Middle, Malden Sumeme)			
/la	should be to marked of umatic eve		Joseph Kurtz			Ва			Ba	rbar	a Korva	at		
Maryland	2 sho and I is me		•					Street and Number or Rurel Route Number, City or Town, State, Zip Code)						Code)
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JU O	age anto t: If i		1 ☐XBurial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif							2	120/07	041	C	
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	Physician										7			Onset end Deeth
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п	Examiner		resulting in deeth)	9.	Due to (or	es e consec	ular juenca of):							
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ó	axe an ar riai-t		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury c.											
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ita/	Physician: The this cartificata ral director, pag	Be	25. Wes case referred to medical exeminer?						26. Plece	of Deat	h (Check only	one)		
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0	ath. r: Aftar a funar	atio	1 Netural 5 ☐ Pending 2 ☐ Accident investigation		roary	mjary	M		res 2□	No				
Division	i or Attending aftar death. Director: Aftar d in by tha funa	100	3 ☐ Suicide 6 ☐ Could not b	289. Place of Inju		home, farm, street, fectory, offica 28f. Location (Street and Number or Rural Route Num.					al Route Number,			
ă	그 는 는 ㄷ	Certification:	4 Homicide	building, etc.	. (Specify))					City or 1 c	own, Stete)		
	To the Hospital of within 24 hours at To the Funeral D complataly filled it		29e. Certifier 1 Certifying Ph	ysician: To the best of	f my know	dedoe deeth	occurred et t	he tim	e dete en	d place	end due to the	ceuse(s) and m	enner es s	teted
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				ed as	>					20		3/1	8/2	1
	10		1.					5	720	.28	1	7/1	0/4	/
			30. Name end eddress of person who	completed cause of de	eth (Item	23e) (Type,	Print)	1		10	2	CP MI) 0	0742
			MBERANI	completed cause of de 730 \$\frac{3}{2}\$. Registre 0 1997	1)	142710	norl	1	E	()	7	- Ini	1	770
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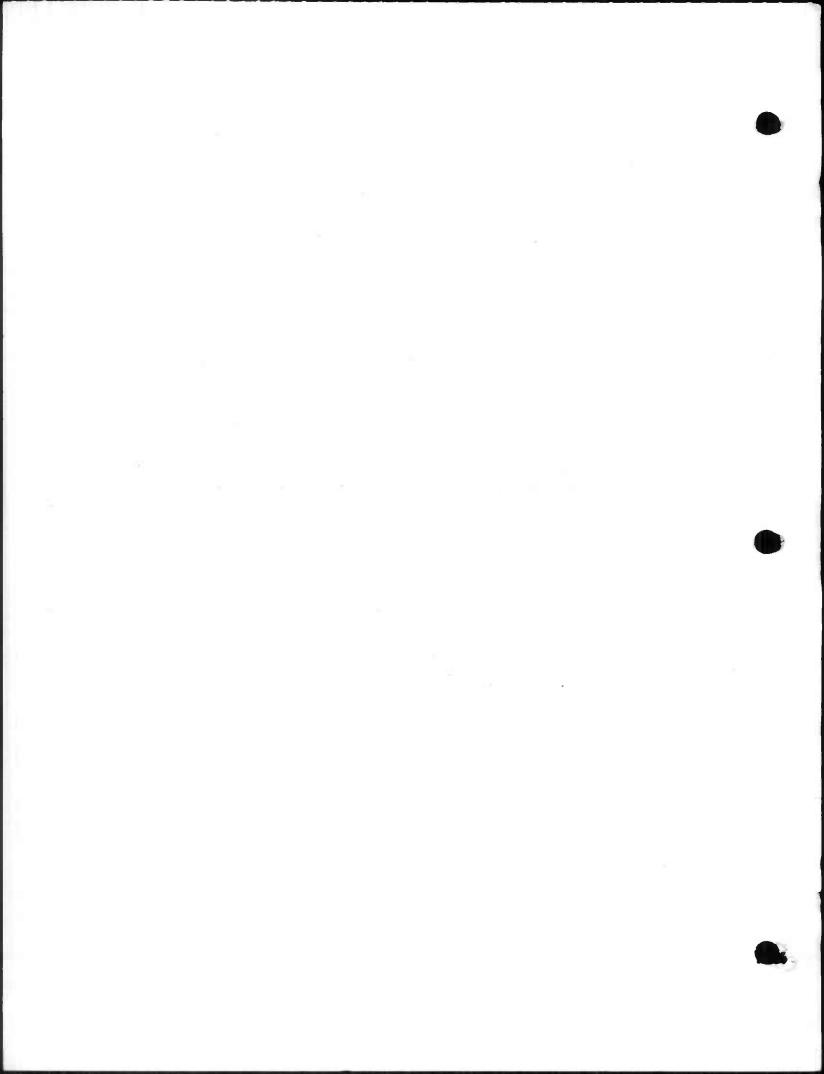
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

									_			-	
	1. DECEDENT'S NAME (First,	Middle, Last)	Dania!	T Ca1					MON	2. DATE OF OEATH DAY YEAR			3. TIME OF OEATH
	4. SOCIAL SECURITY NUMB	ER	Daniei 5. SEX	I. Gord	GOYGON GE (In yrs. last birthday) IF UNDER 1 YEA			UNDER 24 HRS.		March 12, 1997			7:10 P M
	572-22-5642		17∑XM 2 □ F	75	YRS.	·		UNDER 24 HRS.	(Mon	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State of Country)	
	9a. FACILITY NAME (# not in:	//		9b, CITY, TO	OWN OR 1	OCATION OF F		. 20,			yland		
ا پر	Mariner Hea		,			96. COUNTY OF D Silver Spring Montgon							
DIRECTOR	RESIDENCE OF DEC	EDENT			1	211			Mon	tgom	ery		
2	10e. STATE	10b. COUNTY					LOCATION						10d. INSIDE CITY LIMITS?
	Maryland	Mont	gomery			Sil:		Spring					1 TYES 2 NO
MA I	106. STREET AND NUMBER							101. ZIP CODE			10g. CITI	HAT COUNTRY?	
BY FUNERAL	10612 Stoney	T EVER IN U.S. ARMED 13. WAS I				20901			Unit	tates			
교	1 Never Married 2	Married	FORCES? 1	YES 2 V		O If yes, specify			NDENT OF HISPANIC ORIGIN? (Specificity Cuban, Maxican, Puerto Rican, atc.			Black	— American Indian, Whita, atc.
	3 Widowed 4 Divor	WAR OR DATES	1 ☐ YES 2 ☒ NO Specify:						Specif	white			
		EDENT'S EDUC				USUAL OCC			16	b. KIND OF BUS	INESS/INC	USTRY	
	Elementary/Secondary (0-		College (1-4 or 5	UA.	. Do NOT us	vork done dun e retired.)	ing most or	working					
COMPLETED	12		sales	man			plum	bing					
	17. FATHER'S NAME (First, Mi	ddle, Last)	Joseph G	ordon			16.			Middle, Malden	Sumame)		
B	19a. INFORMANT'S NAME (%												
2	Lydia Gordo		F .)							nber, City or Town			
	20a. METHOD OF DISPOSITI		Le)							er Spr			
	1 X Burial 2 Cremation 4 Donation 5 Other	n 3 🗆 Ramo	oval from Stata	cemetery, cn	ematory or of	OF DISPOSITION /Name of DATE 20c. LOCATION — City there place)							
	21. SIGNATURE OF FUNERAL	oavia_	Memorial Garden 3/14 Falls Church, VA							, VA			
		1				Ives-Pearson Funeral Homes							
-	Jeyce E.		ninsky	_	ر	284	47 Wi	lson	Blvd.	. Arli	ngto	n, W	22201
	23. PART Entar the dis shock, or ha	seeses, or c sert feilure, i	List only one ceu	se on aech lin	eath. Do n e.	ot enter th	a mode	of dying, su	ch as car	dlac or respi	ratory arr	est,	Approximata Interval Batween
	IMMEDIATE CAUSE (Fin disease or condition		0										Onset and Death
ı	resulting in deeth)	→ ,	. Septic	OR AS A CONSE	OUENCE OF	OF)						Weeks	
,		-			OULIVOE OF	,.							
2	Sequentially list condition if any, leading to immediate		Gangre	(OR AS A CONSE	OUENCE OF	al Insufficiency						Mon	
5	cause. Enter UNDERLYII CAUSE (Disease or Injur	NG									Y		Years
	thet initiated events resulting in death) LAST		DUE TO	(OR AS A CONSE	OUENCE OF								
	resulting in death) LAS												
ž			l,										
- 11	PART II. Other significan		contributing to	death but not	resulting i	n the unde	rlying ce	use given ir	Part i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
ICAL CERTIFICATION		nt conditions					rlying ce	use given ir	Part i.	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	PART II. Other significan	nt conditions					rlying ce	use given ir	Part I.		MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decadent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Deeth Dey 1997 **Physician** MARCH 17, PAULINE GROSSBERG 1:05PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY 5. Sociei Security Number If Under 1 Yaar if Undar 24 Hrs 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Days Months Hours Yrs Director 579-38-9345 93 NOV. 9, 1903 LATVIA Usual Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 28e-f show 10d. Insida City Limits rai", or liems 23e or 28e-f ahor Exeminer must be notified at MARYLAND MONTGOMERY 1 Yes 2 No Director SILVER SPRING 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 9301 NEW HAMPSHIRE AVENUE 20903 UNITED STATES death Funeral 12. Was Decadent Evar in U,S. Armed Forces? Was Dacedent of Hispenic Origin? (Spacify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck. White, atc. 72 hours efter 1 ☐ Yes 2 🗓 No If Yes, Give Yaar or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No λq Specify: 3 ☐ Widowed 4 X Divorced "natural", WHITE Completed the Medical 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry filed within 7 Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER 12 OWN HOME other traumatic event, 17. Fether's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Melden Surname) d 2 should be fi th end Mental H 7 Is marked oth Be BENJAMIN GROSSBERG SARAH HELEN EFFENBACH 2 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 end 2 Depertment of Health e Important: If item 27 Is eny Injury or other trai ISRAEL GROSSBERG (BROTHER) 4545 CONNECTICUT AVE. NW #610-WASHINGTON.DC 20008 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Data 20c. Location - City or Town, Stete Peges 1 1 Buriel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) ADAS ISRAEL CEMETERY 3/18/97 WASHINGTON, D.C. 21. Signature of Funeral Jurylon Licens 22. Name end Address of Facility DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE, MARYLAND 20852 Perul. Enter the disease, or complications thet caused tha death. Do not enter tha mode of dying, such as cardiac or respiretory errest, shock, or heert feilure. List only one ceuse on each line. Approximeta Intervel Betw **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical CONGESTIVE HEART FAILURE 2-3 DAYS Examiner Dua to (or es e consequença of): Examiner ISCHEMIC CARDIOMYPATHY 10 MONTHS buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest pue Due to (or es a consequença of) physician s the buriel P.O. Box 68760. law requires that the death certificate be Physician/Medical Due to (or es e consequence of): ettending G Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. the 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown SYSTOLIC HYPERTENSION Records, λq Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings available prior to peen SEIZURE DISORDER - ARTERIOVENOUS MALFUNCTION completion of causa of daeth? page 2 The 1 Yes 2 No 1 Tyes 2 No certificate Division of Vital Hospital or Attending Physician: 24 hours efter death. Be 25. Was case referred to medical 26. Piece of Daeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Xinpatient 2 ER/Outpetient 3 DOA 10 1 Yes 2 No this 28a. Date of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 Naturel 5 Pending investigation 1 Yes 2 No Director: / 2 Accident 3 ☐ Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Funerel Di 29e, Certifier 1 Certifying Physicten: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner es steted. To the Hosp within 24 hor To the Fune completely fi Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

State Registrar

30. Neme

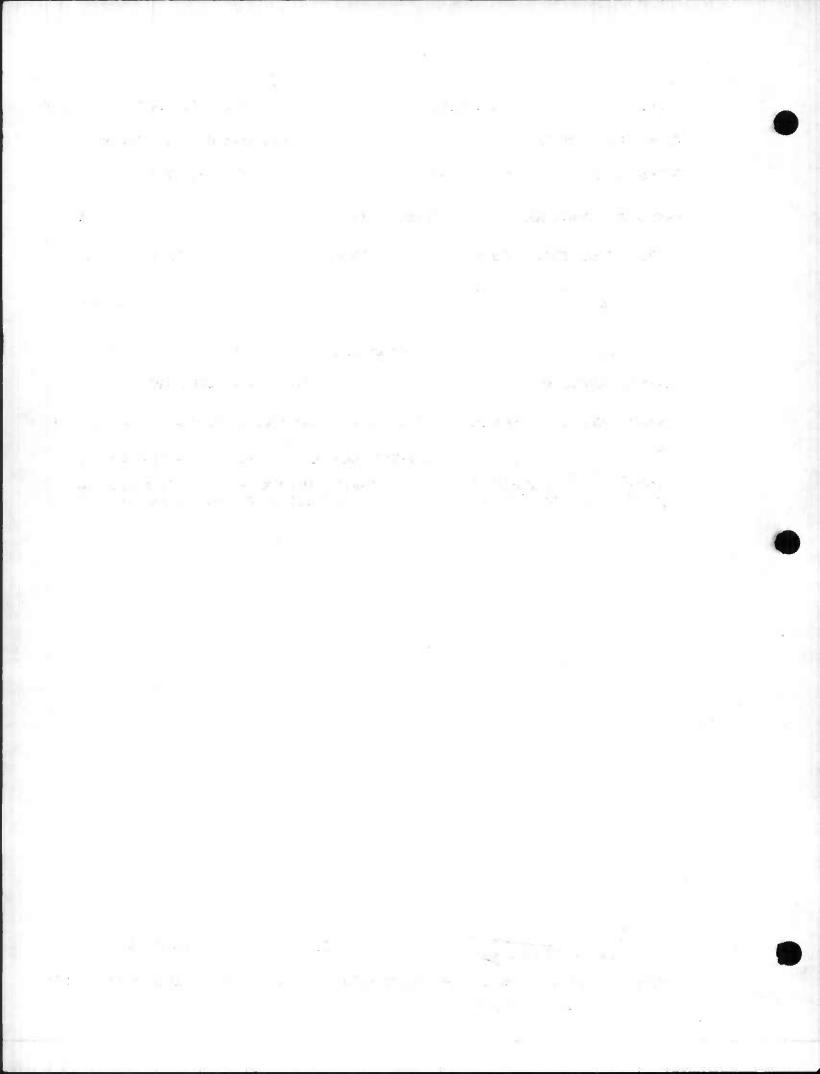
31. Dete filed (Month, Dey, Year) MAR 1 9 1997

PHUONG D. TRINH - 8630 FENTON STREET #230 - SILVER SPRING, MARYLAND 20910-3892 33. Registrar's Signature

and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

D25553

MARCH 18, 1997



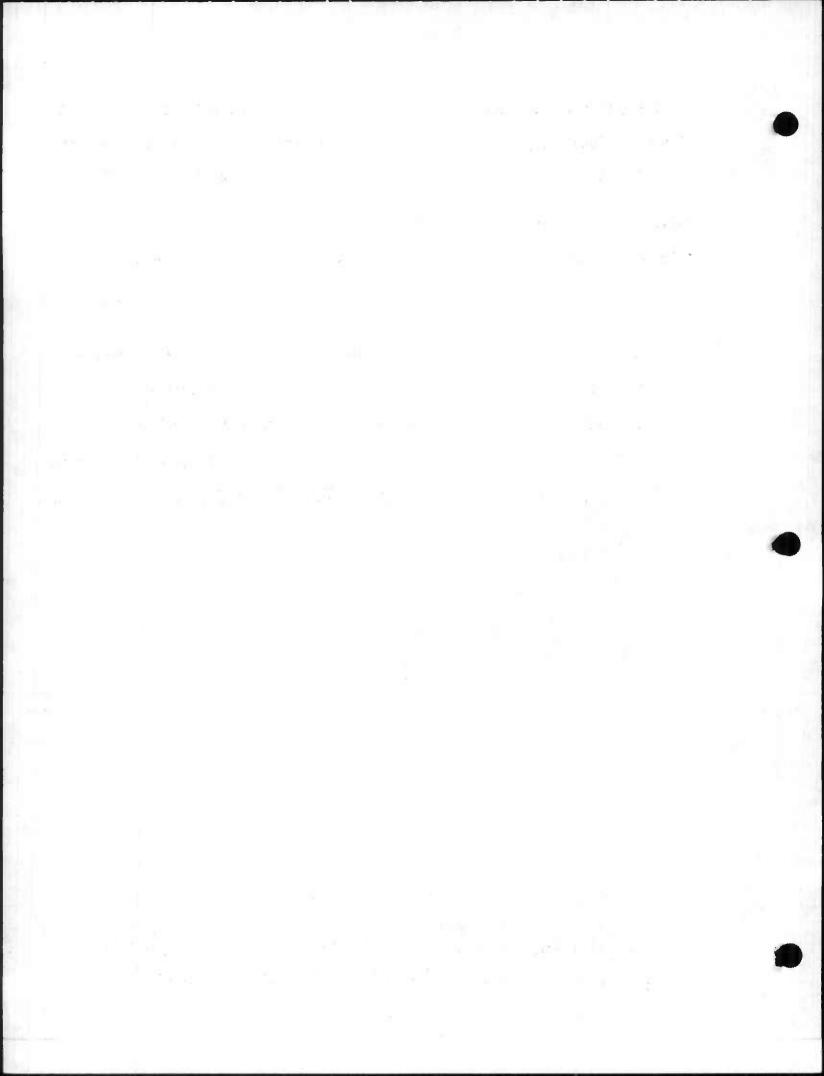
Please Type or Print in Black indelibie ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene 97 10236

				Ce	rtificate o	f Death		Reg. No.		
Discord	,	1. Decedent's Name (First, Middle, L	. ^				2. Date of De	eeth		3. Tima of Deeth
Physic /Medi		Rosarina	Greene				Marc	h 16 1	Year 997	7:45 AM
Exami		4a. Fecility Name (If not institution, g				4b. City, Town,	or Location of Deat	th 4c. County	of Deeth	
		Laurel Regional	Hospital			Laurel		Princ	e Geo	rge's
Funeral Director		5. Social Security Number 6. 100-03-9865 Usuel Residence of Decedent	Sex 7. Age (In yrs	s. lest birthdey) Yrs.	If Undar 1 Year Months Day		in. B. Dete of Bi (Month, Do	15, 1907	9. Birthpl Coun New Yo	ace (Steta or Foreign try) DYK
and w		10a. State 10b. County	10c. C	ity, Town or Lo	ocation				11	Od. Insida City Limits
Many f she	0	Maryland Prince		_						1 ☐ Yes 2 ☐ XNo
h the Marylan 7 28a-f show	Director	10e. Street and Number	George's La	urel	10f, Zip Code			10g. Citizen of	What Coun	to/?
With 3a or	0	9001 Cherry Lane			20708					
ma 2	Funeral	11. Marital Status	12. Was Decedent Evar in I	U.S. 13.1			(Specify Yes or No	United	State e - America	
21215-0020 d within 72 hours effer death with the Maryland glene. r than "natural", or itema 23a or 28a-f show if a Medical Examinet mat be notified at	by	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 X No If Yes, Give Year or Datas:		If Yes, specify Cu 1 ☐ Yas 2 💢 N		(Specify Yes or No arto Rican, etc.)	Specif	ck, White,	etc.
5-00,	Completed	15. Decedent's l (Specify only highest g	Education	16a. Deced	dent's Usual Occ	upation		16b. Kind of B	usiness/ind	lustry
within within then.	ple	Elementary/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use reti	e during most of v red)	vorking			
d 21 filed wit Hygiene ther the	S	12			Bookkee	per		Privat	e Ind	ustry
be filed tal Hygid d other	Be	17. Fether's Name (First, Middle, Las	st)				leme (First, Middle		ne)	
should be and Mental marked comments over the	2	Mendel Rabkin				Sarali	a (unava	ilable)		
200		19a. Informent's Name/Relationship	(Type, Print)				Rural Route Numb			
ore, N S 1 end of Health Item 27		Albert Greene				Lane, Gr	eenbelt,			
		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3		Place of Dispo cemetery, cren	sition (Neme of natory or othar p	/ece)	Deta	20c. Location -	City or To	wn, Stata
Ped men men men men men men men men men men		4 □ Donation 5 □ Other (Spec	ify) Ch	esapeak	ce Crema	tory	3-17-97	Beltsvi	11e,	Maryland
Baltimore, permit. Peges 1 er Depertment of Hea Important: If Item 2 any injury or other once.		21. Signature of Funeral Service Lice	ensee	22	. Neme and Add	ress of Facility				
m goesa		(and a	Dolm	93	ipp rune	rai Serv Avenue	ices, P. <i>F</i> Silver Sp	A. orina M	arvla	nd 20910
		23a. Part1. Enter the diseese, or cor shock, or heert failure. List only	mplications that caused the dea	th. Do not ent	er the mode of d	lng, such as card	iac or respiratory e	errest,	ur y ru	Approximete Intarval Batween
Physician /Medical Examiner	er	Immediate Cause (Final disease or condition resulting in death)	e. Prunn Due to	NN W	Asplace of):	tion.				Onset end Death
t ansit	퉅		b. 0 10						<u> </u>	
oxec un and iel-tra	Examiner	Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events	CINA - 400	or as a conseq	uence or):	- Fran	mine			
68760, ifficete be ex g physician as the buniel	edical	Ceuse (Diseese or Injury thet Initieted events	c. Opus to (or es a consequ	neuce of).	100.	00000			
X 9 5 9	3	resulting in deeth) Lest	· 1/10/08	of Ce	rulse)	wwwln	nero	lur	1	
deat death	Sicle	Part II. Other significant conditiona	contributing to death but not res	sulting in the ur	ndarlying cause o	niven in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?
P.O lat the d by th	Physician				rounjing oddoo ;	, voir ii v dit i.		Yes 2 No		ably 4 Unknown
S, P	by F						_ "	700 2010	001.00	
O = 00 D	B						24e. Wes	en eutopsy	24b. We	re autopsy findings
law requires been a 2 shoul	Completed						репо	ormad?	con	ilabla prior to opletion of cause eeth?
The law	E O						10	Yes 2 No		
Vital R sicien: The certificate lirector, pag		25. Wes case referred to medical				00 Pt - 4P	10		10	Yes 2□ No
of Vita Physicien: this certific	To Be	examiner?	Hospital: 1 Inpatient 2	ER/Outpatien	t 3D DOA	ther	eath (Check only o			
Phys or this eral dia		27. Menner of Deeth	28a. Dete of Injury (Month, Dey Year)	28b. Time of	1 SLI DOA	4 LI Nursing	Homa 5 Resi	how injury occur		<i>)</i>
VISION Attending or death. ector: After by the fune	Certification:	1 Netural 5 Pending 2 Accident Invastigation		Injury		onk? ⊒Yes 2∐No				
Division or Attending after death. Director: After d in by the fune	FICE	3 ☐ Suicide 6 ☐ Could not 1	200. Place of injury - At n	ome, farm, stre	et, factory, office	3	28f. Location (Street end Numb	er or Rural	Route Number,
Div A affer A in by	ert	4 ☐ Homicide	building, etc. (Speci	fy)			City or To	wn, Stete)		
Division o To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier 1 Certifying Pl	hysician: To the best of my kno minar: On the besis of examina and mennar stated.	owledge, deeth ation end/or Inv	occurred et the estigation, in my	time, date and pla opinion, daath oc	ce, end due to the curred et the time,	cause(s) end ma date and plece,	anner es sta and due to	ited. the cause(s)
o the	Me	29b. Signature, and Jittle of certifier	1	1	29c. Licer	nse number		29d. Data signe	d (Month, E	Pav. Year)
2		> YVams	2011/10		1	1367	7	3/1	7/97	
	1	30 Name and advess stances in	To all the	- 02-1 AT	Date ()	100	4 3	1011	01/	
		30. Name end address of person who	Tompile ed cause of death (iter	142	of Lau	vul Pa	MX DY o	Cowre	M	
Sta Registr		31. Dete filed (Month, Dey, Year) MAR 1 8 1997	Auth Javidson	A_Aandel	2					



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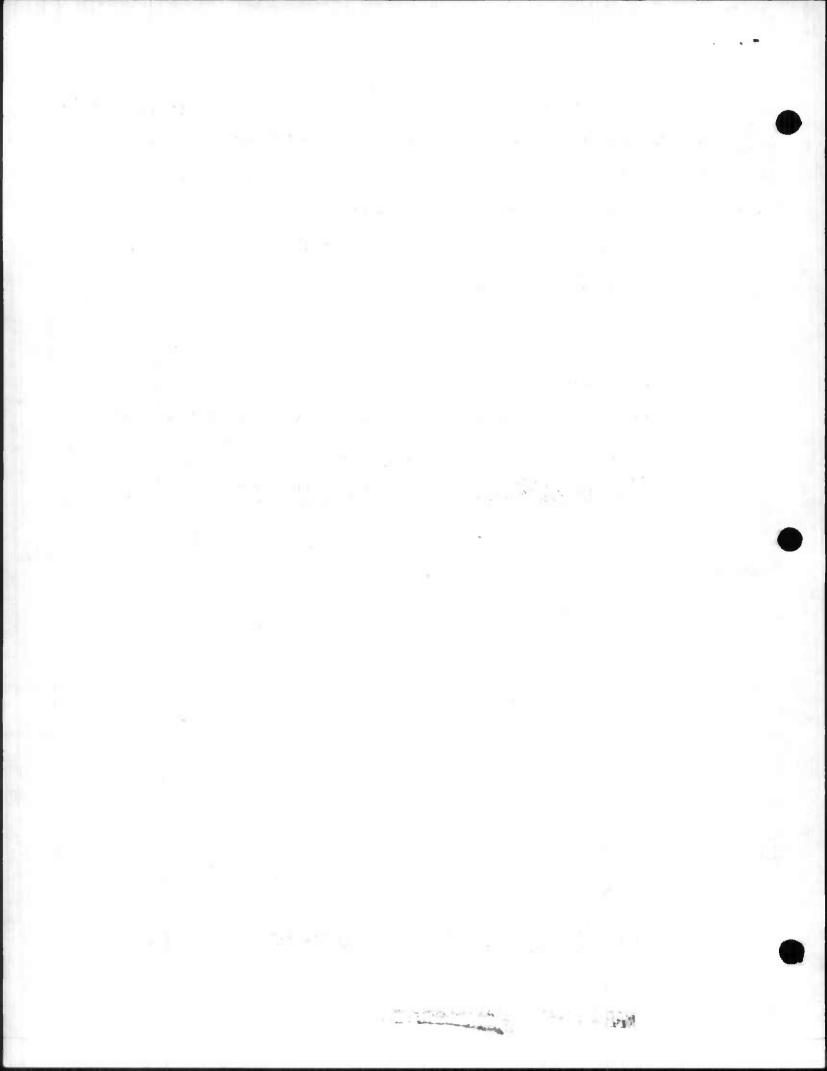
								C	ertifica	ate o	f Death		F	leg. No.				
	5 1		1. Decedent's Name (Fir	st, Middle, La	ist)								2. Data of Dea Month	lh		,	3. Tima	of Death
	Physic /Medi		Katye M.	Gibbs									March 1	Day 2 1		ear	10:4	40 AM
1	Exami		4a. Facility Nama (If not	institution, giv	e street and n	umber)			_		4b. City, Town		allon of Death		County of	Death		
			Carriage 1	Hill N	ursing	Cent	re				Silver	r Sp	ring	Mo	ntgo	mer	y	
	Funeral		5. Social Security Number		Sax	7. Age	In yrs. I	ast birthda	Month	dar 1 Yaa	r If Under 24	Hrs.	8. Date of Birth (Month, Day	1				a or Foreign
	Director	п	400-24-647	8	1□M 2K0F		89	Yrs.	Work	Duy	3 110013		Oct. 9,			enti		
	pu .		Usual Residence of Dece 10a. Stata 10b	. County		T,	Oo City	, Town or	Location									Ou 41 1
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	with o													log. Citiz	en or win	at Count	ryr	
	eath mar 23	Funeral	1220 East 1	West H	ighway 12. Was De	redent Ev	er In I I	S 1:		0910		n2 /Snec	the Vac or No.		ted		tes an Indian.	
	itar d	E	1 Never Married	2□ Married	Armed F	Forces?	u, o,.		If Yes, s	pecify Cu	Hispanic Origir ban, Maxican, I	Puerto R	lican, etc.)			White, e		
320	urs al	by	3 ☐ Widowed 4 🔯 [If Yes, G	Bive			1 🗆 Yes	20 N	o Specify:			5	Specify:	Blac	٠k	
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. If health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28e-f show other traumatic event, the Mexical Expriner must be ricitified at	8		Decedent's E				16a. De	cedent's U	suel Occ	upetion			16b. Kin	d of Busi			
212	hin 7	Completed	(Specify on Elementary/Secondary		ade completed	1) (1-4or 5+)		(Gi	va kind of the DO NOT	work don use retii	e during most o red)	of working	9					
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Maryland	al Hy	Be (17. Fathar's Name (First,	Middle, Last)						18. Mothar's	s Nama	(First, Middla,	Maiden S	Sumame)			
<u>8</u>	Ment Ment mrked artic e	70	Joe Wesley	McEly:	a						Mary	Be.	lle Lew	i s				
a	2 should be and mental Is marked of raumatic every	ľ	19a. Informant's Name/F	Reletionship (Type, Print)			19b. Ma	ailing Addre	ess (Stree	et and Number	or Rural	Route Numbe	r, City or	Town, St	ate, Zip	Code)	
	1 and 1 Haaith em 27 i		Clarice D.	Reid,	friend	i					d Road,	Be	thesda,	Mar	ylan	d 20)817	
9			20a. Method of Disposition 1 X Burial 2 ☐ Cre		Domoval from	n State	20b. Pl	ace of Dis metery, c	position (A	vame of r other p	(ace)		Date	20c. Loc	ation - Ci	ity or Tov	vn, State	
altimore,	Pages nant of h ant: if ite ury or of		4 Donation 5 D	Othen (Specif	y)	II State	Gat	e of	Heav	en C	emetery	7 3/	17/97	Silv	er S	prin	ng, Ma	aryland
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			Part1. Enter the dis	sease, or com	plicetions that	ceused th	a death	. Do not e	enter the m	oda of d	ying, such as ca	ardiac or	respiratory an	ast,	500.		Approxim Interval B	
1	Physician			,													Onset an	nd Death
L	/Medical Examiner		Immediate Ceuse (Final disease or condition		a. Tu	ibera	elve	15	men	ngi	45					1	1-6	cols
	LAMIIIITEI	L	resulting in death)		α,				sequence o									
_	be sit	Examiner			b													
	law requires that the death certificate be executed as been signed by the attending physician and a 2 should be datached for use as the burial-transit	хап	Sequentially list condition if any, leading to immedi	ns,	-	Du	e to (or	as a cons	sequence c	if):								
68/60,	be ex lcian buria		Cause (Disease or Injury		С.													
28	icata phys	edicai	that initiated events resulting in death) Last			Du	e to (or	as a cons	equance o	f):						1		
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	that ned t	by P											/	98 212	1 MO 2	- FIOD	mory 4;	_ onknown
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Ë	Tha la ata has paga 2	Completed											100	as 2	No		Yes 2	T No.
2		Be C	25. Was case referred to	medical							26 Place o	f Dooth	(Check only or		7140		103 &	
>	Physician: r this cartific rral director,	0	examiner? 1 ☐ Yes 2 ☐ No		Hospital:	Inpatient	2□5	FI/Outnat	ient 3	DOA C			e 5 ☐ Rasid		Other	(Specify	1	
Ö	- t &	n: T	27. Manner of Death			e of Injury		28b. Time	of	28c. Inj			8d. Describe h				,	
DIVISION	ath. r: Aftar a funer	atio	1 XNetural 5 ☐ 2 ☐ Accident	Pending investigation		nin, Day i	ear)	Injur	M		ork? ⊒Yes 2∐No	0						
<u>S</u>	Attending or death.	ertification:	3 ☐ Suicide 6 ☐ 4 ☐ Homicide	Could not b	e 28e. Plac	e of Injury	- At ho	me, farm,	street, fact	ory, office	9	28	Bf. Location (S	treet and	Number	or Rural	Route No	um <i>ber</i> ,
5	al or Attendir s after daath. ii Director: Af ed in by tha fu	Cert	4 - Horricide		DUIK	aing, etc. (<i>Specify</i> ,	,					City or Tow	n, State)				
	To the Hospital or within 24 hours after To the Funeral Director Completely filled in the Funeral or the Funeral Director Funeral Director Funeral Director Funeral Director Funeral Director Funeral		29a. Certifier 1X (Check only 2	Certifying Ph	yelclan: To th	e best of r	ny know	dedge, de	eth occurre	ed et the	time, date and	place, ar	nd due to the o	euse(s) e	end menn	ner es ste	eted.	
	the H	edicai	one)	VINUICAI EXAI	and mai	nner state	d.	on and/or	investigati	on, in my	opinion, death	occurred	d at the time, c	ate and p	olace, and	a aue to	tne ceuse	3(S)
	To To To To To To To To To To To To To T	Σ	29b. Signature and title o	of certifier	/)						nse number		4				Day, Year))
	/		m	/	1					043	510			3//	4/9	77		
	8		30. Name and address of							U.C.	<u></u>							
			Theresa Mc	_				_			, Silve	er Sp	pring,	MD				
	Sta	- 1	31. Date filed (Month, Da	y, Year)	8 1997	Registrar's	Signat	Janil.	ma The	de RO								
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					Certificate o	f Death		Reg. No.		0
Discool	,	Decedent's Name (First, Middla, Last					2. Dete of De Month	efh		Time of Death
Physic /Med		Helena Miles	Heisler				March	Dey 17.19	Yaer 1	9:45
Exam		4e. Fecility Nema (If not institution, give					Location of Deat	4c. County	of Deeth	
N AST		Kent & Queen A	Anne's Hosp	oital		Cheste		Ker	nt.	
Funera Directo		123-30-1740	M 2ELE		hday) If Undar 1 Yes Months Dey		. (Month, Da	th y, Year) 9,1946		(State or Foreig
pu a		Usuel Residence of Dacadant 10a. State 10b. County	100	City Town	or Locetion					
sho	5	Md. Queen A		-	reville					nsida City Llmit
he N	ecto		iiiie 5							
10 after deeth with the Maryland or items 23a or 28a-f show	Funeral Director	10e. Street end Number 108 Janie Creel	ζ		10f. Zip Code	1617		10g. Citizen of U . S	What Country?	
_ i	by	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Wes Decedenf Ever in Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva Yeer or Detes:	U,S.	13. Was Decedent of if Yes, specify Co		Specify Yes or No rto Rican, etc.)	Specifi	ce - American Ir ck, White, etc. y: Whi	
within sne.	Completed	15. Decedent's Ed (Specify only highest grad Elementary/Secondary (0-12)	ucation da complated) Collaga (1-4or 5+)		Decedent's Usuel Occ (Give kind of work dor life. DO NOT use reti	cupetion ne during most of wo ired)	orking	16b. Klnd of B	usiness/Industr	у
d filed Hygid	Be C	17. Fathar's Nama (First, Middla, Last)			21.1CINCINCI	18. Mother's Na	ame (First, Middle,	Maidan Suman	ne)	
Maryland d 2 should be file th end Mantal Hy 7 Is merked oth treumatic event	TOB	Michael Miles				Bar	bara Ge	eri		
laryla 2 should a end Man s marke sumatic	-	19a. Informent's Neme/Reletionship (7	ype, Print)	19b.	Meiling Address (Stre	at and Number or F	Rurel Route Numb	er, City or Town,	State, Zip Coo	(e)
M nd 2		Thomas Heisler	-Husband	1 (08 Janie	Creek,	Centre	ville,	Md. 2	1617
Te Te de de de de de de de de de de de de de		20e. Mathod of Disposition		. Place of	Disposition (Name of	()	Date	20c. Location	City or Town,	State
Pages hent of I		1 Surial 2 □ Cremation 3 □ 4 □ Donetion 5 □ Othar (Specify	Ramoval from State		r, cremetory or other p	Mar Mar	ch 21,	997		
Baltimore, semit. Pages 1 e Department of Nes mportant: If Item: iny injury or othe	1	21. Signature of Funeral Service Licent	100	St. I	Peters Ce 22. Name end Add	emetery	D 11	Queens	stown,	Md.
B Dep Dep			10//		Nownan	Funera	Letions	b y	enbei	n &
		23a. Pärt1. Enter the disease, or companiock, or heart failure. List only o	genben		106 Sha	mrock R	d., Che	ster.	Md. 2	1619
100 E		ahook, or heart failure. List only of	tions thet caused the da ceuse on aach line.	ath. Do n	ot enter the mode of d	lying, such as cerdia	ac or respiretory e	rrest,	App	roximate rvel Between
Physician /Medical			•						0	sat end Deeth
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I HECOrds, P.O. Box 68760, The law requires that the death certificate be axecuted at has been signed by the ettending physician and page 2 should be detached for use as the bunial-trensit	Examiner	Sequentielly list conditions, if eny, leading to immadiate	Due to	(or es e c	onsequenca of):					
68760, ificate be ax physician ss the buna		Causa. Enter Underlying Ceuse (Diseesa or Injury	c							
cate phys	Medical	fhaf initieted events resulting in death) Last	Due to	(or es a co	onsequenca of):					
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BO Bath c Both of the settlend for us	by Physician									
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that the dened by the ended of	P	END-STAGE MUI	LTIPLE SCI	EP	7515 WI	+1+	10	Yes 2 No	3 Probably	4 Unknow
Records, F ne law requiras that s has been signed is		END-STAGE MUI	PLEGIA	-0/0	7.3				T	
cord	tec						24e. Wes perfo	en eutopsy rmed?	availeb	utopsy findings la prior to
Hec e law has b	Completed								of daati	tion of causa n?
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of Vital Physicien: The this certificate iral director, page	Be	25. Wes case rafarrad to medical axaminer?				26. Placa of De	eth (Check only o	ne)		
nyslo nis ce	2	1 Yes 2 No	Hospitel: 100 Inpatient 2	☐ ER/Out	patient 3 DOA	Other: 4 Nursing	Home 5 ☐ Resid	lence 6 Oth	er (Specify)	
E & 5 5		27. Manner of Deeth ↑ Netural 5 ☐ Pending 2 ☐ Accidant investigation	28a. Date of Injury (Month, Dey Yeer)	28b. Ti	jury W	jury et /ork? □ Yes 2 □ No	28d. Dascribe I	now Injury occur	red	
Division of Attending atter deeth. I Director: After d in by the fune	Certification:	3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homicide daterminad	28e. Piece of Injury - At building, atc. (Spe-	homa, fan	m, street, factory, offic	е	28f. Location (S City or Tox	Street end Numb vn, Stete)	per or Rural Ro	ute Number,
Division To the Hospital or Attendit within 24 hours after deeth. To the Funeral Director: At completaly filled in by the fu	edical (29a. Certifier (Check only one) Certifying Phy	elclen: To the best of my ki iner: On the besis of exami- and manner stated.	nowledge, netion end	deeth occurred of the for Invastigation, in my	fime, dete and plec opinion, deeth occ	e, and due fo the urred et the time,	cause(s) end me dete end plece,	enner es sfeted end due fo the	cause(s)
vithin omp	Me	29b. Signatura and fitla of certifier			29c. Lica	nsa number		29d. Date signe	d (Month, Dey,	Year)
F \$ F 0		> Hun A N	bhh mi)	De	41587		3/18	197	
		30. Neme end address of person who co	ompleted cause of deeth (it	em 23e) (1	ypa, Print)					
		Helen A. Noble 12	22 Speer Road	, Su	ite 5 Ch	estertown	, MD 21	620		

DHMH 16 Rev 6/95



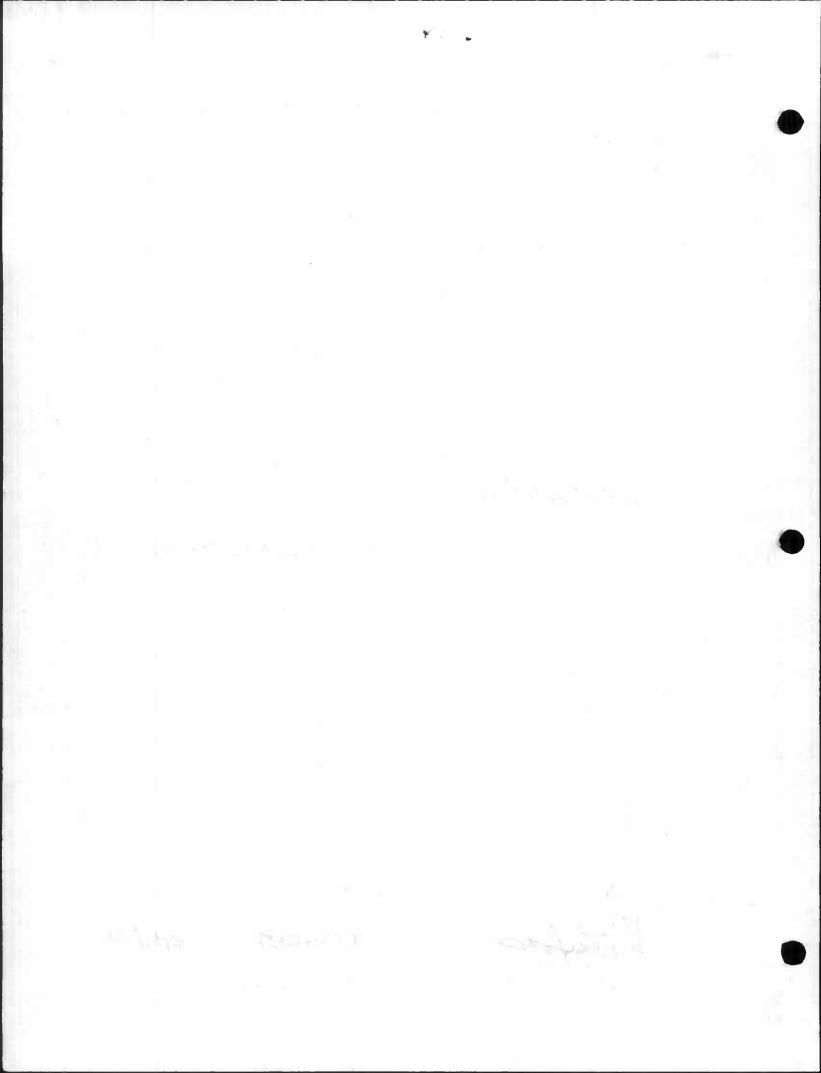
State of Maryland / Department of Health and Mental Hygiene 9 7

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Hardy Sr. | Marcn | 4b. City, Town, or Location of Deeth 97 Robert Rudolf March /Medical 7:47P 4a. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner The Memorial Hospital Easton Talbot If Under 24 Hrs. Hours Min. 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Day, Year) Birthplece (Stete or Foreign Country) **Funeral** 092-09-4495 1 ☑ M 2 □ F Months Days 90 Director Dec. 25, 1906 Austria-Hungar Usual Residence of Decadent with the Maryland 10a. State 10b. County 10c. City, Town or Location al Hygiena. other than "natural", or itams 23a or 2000. overt, the Medical Examiner must be nothed at 10d. Inside City Limits Queen Anne's Queenstown Director 1 ☐ Yas 2 X No Md. 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 101 Governor's Way North 21658 U.S.A. Pages 1 and 2 should be filed within 72 hours efter death nent of Heelth and Mental Hygiena. Int: If Item 27 Is marked other than "natural", or Itams 23. Funera 12. Wes Dacedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 11. Marital Status 14. Reca - American Indien. Bleck, Whita, etc. 1 ☐ Never Married 2万 Married 1 Typs 2 No If Yes, Give Yeer or Detes: WWII Baltimore, Maryland 21215-0020 1 ☐ Yes X No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Businass/Industry W. R. Grace, Inc Elamentary/Secondary (0-12) Collaga (1-4or 5+) Purchasing Agent 12 other traumatic event, 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be (Adopted) Leopold Steinfeld (Adopted) Elka Steinfeld 2 19a. Informent's Name/Ralationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Helen C. Hardy (Wife) 101 Governors Way North, Queenstown, Md. March 7, 1997 20b. Pleca of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition Department of I Important: If its any injury or of once. X Buriel 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) Maryland Veterans Cemetery Hurlock, Md. 21. Signeture of Funerel Servica Licansee 22. Name end Address of Fecility Fellows, Helfenbein & Newnam Funeral Home, P.A. 106 Shamrock Road, Chester, Md. nter the mode of dying, such es cardiac or respiretory errest, 11600 21619 23e. Part1. Enter the disease, or compositions that caused the death. Do not enter shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** BOTRICULAR TACHY CARDIA/ FIGRILL ATTON Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical **Examiner** Due to (or es e consequence of) Examiner WIE MIL The law requires that the death certificate be executed bunel-transi Sequentially list conditions, if eny, laading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760, Physiclan/Medical Due to (or es e consequença of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 4 Unknown 1 Yee 2 No 3 Probably by 24b. Wara eutopsy findings evelleble prior to completion of cause of deeth? Completed 24a. Wes en autopsy certilicate 1 Yes 1 Yes or Attending Physician: Be 25. Was case referred to medical exeminer? 26. Piece of Deeth (Check only one) Othar: 4 Nursing Home 5 Residenca 6 Other (Specify) Hospital: ů 1 Tes 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Manner of Death

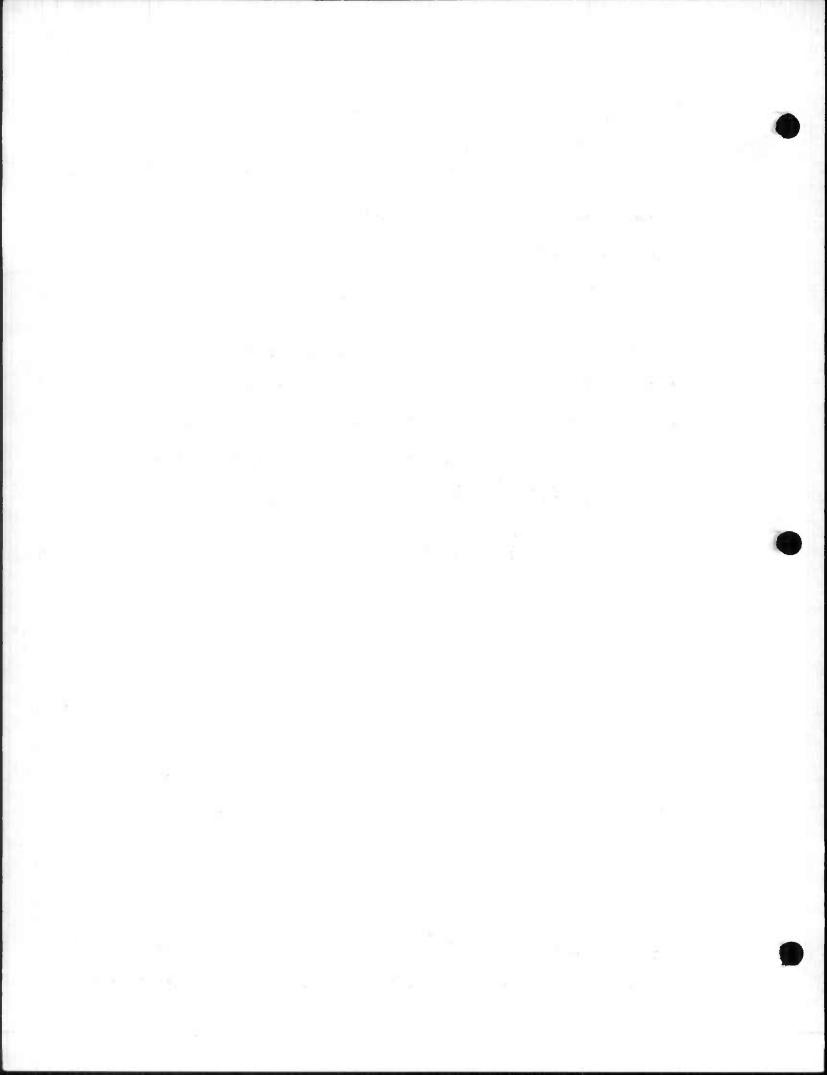
1 Netural

2 Accident Date of Injury (Month, Day Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred After 5 Panding investigation Injury s eftar deeth.

I Director: Al
od in by the fu 1 ☐ Yes 2 ☐ No deeth. 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 4 Homicida within 24 hours of To the Funeral D complataly lilled is Hospital Medical 29a. Cartifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, and due to the ceusa(s) and mannar as steted.
2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the causa(s) end menner steted. (Check only onel \$ 29b. Signatur 29c. Licensa number 29d. Date signed (Month, Dey, Year) 30. Name end eddress of person who complated cause of deeth (Item 23e) (Type, Print) Kevin O'Keefe, M.D.; 606 Dutchman's Lane; Easton, Md. 21601 31. Dete filed (Month, Day, Year) 32. Registrer's Signature State - Julia Davidson-Randallo Registrar MAR 0



				State of Marylan		tificate of			eg. No.		
	12.		1. Decedent's Name (First, Middle, Last)	00	·		2. Dete of Dee	th	WID .	3. Time of Deeth
	Physici /Medi		Harry Rol	pert Hu	(+fe			March	Dey 22 1	997	7:30AM
	Examir		4e. Fecility Neme (If not institution, give	street end number)			4b. City, Town, or L	ocation of Death	4c. County	of Deeth	
			9942B Woodsboro R	d.			Woodsl	oro	Fre	ederi	ck
	Funeral		Sociel Security Number 6. Security Number		last birthdey)	if Under 1 Year Months Devs		8. Date of Birth (Month, Dey Apr. 3,	Year)	9. Birthple	ece (Stete or Foreign aryland
н	Director		5//-32-/224	^{3M 2□ F} 68	Yrs.	Boyo	Trout of the train.	Apr. 3,	1928	Ma	ryland
	pue *		Usual Residence of Decedent 10a. State 10b. County	10c Cit	y. Town or Lo	cation				10	d. Inside City Limits
	lanyte sho	5	Maryland Frederi			oodsboro				10	1 ☐ Yes 2 ☑ No
	the A	90	10e. Street end Number	CR	***	10f. Zip Code			0g. Citizen of W	Ihat Caunt	-
	with a s	ᅙ	9942B Woodsboro	Rd		101. 2Ip C009	21798		U.S.		ryr
	death with the Marylend ms 23a or 28a-f show	by Funeral Director		12. Was Decadent Ever in U	S 13 V	Ves Decedent of I		necify Ves or No-		A. America	n Indian
_	fler d	Fun	1 ☐ Never Merried 2 ☑ Married	Armed Forces? 1 XYes 2 No	1	f Yes, specify Cub	Hispanic Origin? (Sp an, Mexican, Puerto	Rican, etc.)		k, White, e	
020	urs e	by	3 Widowed 4 Divorced	If Yes, Give Yeer or Dates: 1951 -	-53	I□Yes 2⊠No	Specify:		Specify:	W	hite
Maryland 21215-0020	is 1 and 2 should be liled within 72 hours efter death with the Maryler of Health and Mental Hygiene. If Health end Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic avent, the Medical Examiner must be notified at	Completed	15. Decedent's Edu	cation	16a. Deced	lent's Usual Occup	pation during most of work	lein m	16b. Kind of Bu	siness/indu	ustry
21	thin an "	nple	(Specify only highest gred Elementary/Secondary (0-12)	College (1-4or 5+)	lite. L	OO NOT use retire	a)				
2	w be vigien	Con	12	5+	teach	er/guida	nce couns		public		001
pu	d oth	Be	17. Fether's Name (First, Middle, Last)				18. Mother's Nam		Meiden Sumem	9)	
<u>×</u>	Men Men arke	70	Harry H. Huffer		1		Marie				
Mai	12 sh end is m		19e. Informent's Neme/Reletionship (Ty				t end Number or Ru				
a)	end lealth m 27		Patricia Huffer/ w			Woodsbo	oro Rd.		oro, MD		
0	it of h		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ R	emovel from State	emetery, cren	netory or other ple			20c. Location • (
ţ	tmer tant:		4 □ Donation 5 □ Other (Specify)	1 1		r's Cemet		/25/97	Liberty	town,	, MD
Baltimore,	permit. Pages 1 and 2 should be liled within 72 hours effer dea Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items any injury or other traumetic avent, the Madical Examiner monce.		21. Signeture of Funeral Servica License	16/0	/ 22	. Name end Addre	ess of Fecility Ha	rtzler F	uneral	Home	
	45260		attarine V.	Hargeen			Woodsboro				
4			23e. Pert1. Enter the disease, or complishock, or heart failure. List only or	cations that cannot the deet ne cause on eech line.	h. Do not ente	er the mode of dyl	ng, such es cardiac	or respiretory err	est,	1 1	Approximete Intervel Between
	Physician /Medical		Immediate Cause (Final	100	· · T					1	Onset end Death
	Examiner		diseese or condition resulting in death)	AS.C.	VIL) ;					learz.
		-		Due to (o	r es e conseq	uenca of):					
	uted ansit	Examiner). ————————————————————————————————————		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-	
Ć	ficete be executed g physician end ss the buriel-transit	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	o) of euc	r es e conseq	uence ot):				!	
68760,	ysicia	edical	thet initiated events	Due to (o	r as e conseq	uenca of):					
	- OI W	Med	resulting in deeth) Lesf		2000000						
Box	death certif e ettending ad for use e	an		l,							
	0 00	Physician/M	Pert II. Other significent conditions con	tributing fo death but not res	ulting In the ur	nderiying cause gi	ven in Pert I.	23b. Did to	bacco use con	tribute to	the cause of death?
P.0	iaw requires that the as been signed by th 2 should be deteche	Phy						1 □ Y	es 2 No	3 ☐ Probe	ably 4 Unknown
	es that igned t be det	by									
Records,	v require been si shouid	Completed						24a. Was a perform	n autopsy med?	evei	e eutopsy findings lable prior to
e C	has by	ple								of de	pletion of cause eath?
	The ate	Con						1 □ Y	es 2 No	1 🗆	Yes 2□ No
of Vital	Physician: The	Be	25. Wes case referred to medical exeminer?				26. Plece of Dee	th (Check only or	ne)		
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	or Attending Phitter death. Sirector: After thin by the funerel	on:	27. Manner of Deeth 1 Naturel 5 □ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	Wo		28d. Describe h	ow injury occurre	ed	
Sic	Attending or death. ector: After by the fune	cat	2 Accident investigation 3 Sulcide 6 Could not be				Yes 2□No	001 1			
Division	or Attending I efter death. Director: After in by the funer	Certification:	4 ☐ Homicide determined	28e. Pleca of Injury - At he building, etc. (Specify	me, term, str /)	eet, fectory, office		28f. Location (S City or Town		er or Hurai	Houte Number,
_	pital ours oral filled		29a. Certifier 1 ☐ Certifying Phys	iolen: To the best of my know	uladaa daath	occurred at the ti	me data and place	and due to the o	ausa/a) and mar		and
	24 h Fun etely	edical		iclen: To the best of my knower: On the bests of exeminer and menner stated.							
	To the Hospital of within 24 hours of To the Funeral Completely filled	Me	29b. Significant and title of cartificant		-	29c. Licens	se number	2	9d. Date signed	(Month, D	Pey, Year)
	->-0		(Another)	2	5	D351	14		March	22. 1	997
			30. Name and address of person who co	mpleted couse of deeth (Item	23a) (Type					, -	
			Andrew Zari			•	rick St.	Frede	rick, MI	2170	03
	Sta		31. Date filed (Month, Day, Year)	32. Registrar's Signe					,		
	Registr	ar	MAR 25 199	ful almais	- Printer						



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 1997 5:15 a.m. Mary Gaydos Heffner March 16 /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Residence: 1200 Frenchtown Road Perryville Ceci1 8. Dete of Birth (Month, Dey, Yeer) Jan. 14,1913 5. Sociel Security Number 7. Age (In vrs. last birthday) If Undar 24 Hrs. Birthplece (State or Foreign Country) **Funeral** Deys 1□ M 2ਊ F Months Hours 202-05-2137 84 Pennsylvania Director Usuel Residence of Decadent death with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City LlmIts 28a-f show traumatic event, the Medical Examiner must be notified at 1XXYes 2 □ No Director Cecil Perryville Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 1200 Frenchtown Road 21903 U.S.A. items 23a 12. Was Decedent Ever In U,S. Armed Forces? 1 Yes 2 NYO If Yas, Giva 11 Marital Status 13. Wes Decadent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - Amarican Indian, Pages 1 and 2 should be flied within 72 hours after of ment of Health and Mentel Hygiane.
Int: If Item 27 is marked other than "natural", or iten into or other tranmatic event, Its Modical Examinatory or other tranmatic event, Its Modical Examinating. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2XXNo Specify: þ 3 Vidowed 4 □ Divorcad White Completed 15. Decedent's Education (Specify only highest grada completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retirad) 16b. Kind of Business/Industry Sam's Marina Elementary/Secondery (0-12) College (1-4or 5+) Six Years Owner/Operator Perryville, Maryland 17. Fethar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be John Robert Gaydos Sara Tiplan 19a. informant's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) Nancy J. Paxton (Daughter) P.O. Box 517, Perryville, Maryland 20b. Pleca of Disposition (Neme of cametery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Steta Department of H Important: If itel any injury or off once. XBurial 2 Cremation 3 Removel from Stata 3/20/97 Perryville, Maryland Mark's Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Neme and Address of Fecility 21. Signature of Funeral Sarvice Licensee Lee A. Patterson & Son Funeral Home 23a. Pert1. Entar the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heert feilure. List only one cause on each line. Approximata Intervel Between Onsat and Death **Physician** /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) Examiner Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours aftar deeth.

To the Funeral Director: After this cartificate has been signed by the ettending physician end completely filled in by the funaral director, page 2 should be detached for use as the hurlat-trancit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequença of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): Pert II. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Pert I 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings evelleble prior to completion of cause of death? Completed 24a. Was en eutopsy performed? 1 ☐ Yes 2 XNo 1 ☐ Yes 2 ☐ No Be 25. Wes casa referred to medical exeminer? 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Homa SXRasidence 6 Othar (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manner of Death 28d. Describe how injury occurred 28e. Dete of fnjury (Month, Dev Year) 28b. Time of 28c. Injury et Work? 5 Pending Investigation 1 X Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Straet and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Phyafcian: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner es steted. 29a, Certiflar Medicai (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the cause(s) end manner stated. 29d. Data signed (Month, Day, Year) 29b. Signature and title of ce 29c. Licansa number 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 210119 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State 9 1997 Registrar

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

						Certifica	ate of	Death		Reg. No.			
			1. Decedent's Name (First, Middle, Las	t)				-	2. Date of De	eeth	NUT.	3. Time of	Deeth
	Physic /Medi		Wanda Jeanne	Ham					Month	Day 19	1997	9:45	am
	Examir		4a. Facility Neme (If not institution, give	street end number)				4b. City, Town, or	Location of Deel	th 4c. Cou	nty of Death		
			98 Walton Lane					North Ea	st	Cec	11		
	Funeral		Social Security Number 6. Se	7. Age	(In yrs. lest bi	Month	der 1 Yea s Days	r If Under 24 Hrs	8. Date of Bi	rth ev. Year)	9. Birth	place (Stete or	r Foreign
	Director		212-52-9535	1 M 2 W F	48	Yrs.			October		_	Laware	
	pue *_		Usuel Residence of Decedent 10a. State 10b. County		10c City Toy	n or Location					Т,	10d. Inside Cit	te Limite
	Aaryk Peho	5										1 🗆 Yes	
	28a-	e c	Maryland Ced	cil		North	Eas	t .		10g. Citizen	4 What Cau		
	with a s	ā				101.							
	eath	Funeral Director	98 Walton Lane	12. Was Decedent E	ver in U.S.	13 Was De		1901 Hispanic Orlgin? (1	Specify Ves or N	Unite	d Star	Ces Indien	
	Her d	필	1 Never Married 2 Merried	Armed Forces? 1 ☐ Yes 2 ☑ No		If Yes, s	pecify Cu	Hispenic Origin? (ban, Mexican, Pue	nto Rican, etc.)		iack, White,	etc.	
020	ours after death with the Manylen al, or Neme 23a or 28a-f show Examiner mant be notified all		3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Detas:		1 □ Yes	2 🔀 No	Specify:		Spe	oity: Wh:	ite	
0	filed within 72 hours after death with the Marylend Hygiene. ther then "natural", or ferms 23a or 28a-f show ont, the Medicel Exeminer must be notified at	Completed by	15. Decedent's Edu	ucation	186	Decedent's U				16b. Kind of	Business/In	dustry	
215	thin 7	pie	(Specify only highest grad	College (1-4or 5+)	life. DO NOT	use retir	e during most of wo ed)	orking				
7	filed with Hygiene. ther than	PO.	12	0011090 (1 401 0 1	<u> </u>	Homem	aker			Her o	wn hor	ne	
pu	be filed tal Hygi d other event,	Be	17. Father's Name (First, Middle, Last)					18. Mother's Na	me (First, Middle	, Meiden Surn	eme)		
Va		To	William S. Chides	ster				Rhoda	Wilson				
an			19a. Informant's Name/Relationship (T	ype, Print)	19	o. Mailing Addre	ss (Stree	et end Number or F	iural Route Numb	er, City or Tov	vn, Stete, Zip	Code)	
2			Barry C. Ham		9	8 Walte	on La	ne, Nort	h East,	MD 21	901		
ore	of Heel of Heel f Nem 2 r other		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ I	Romaval from State	20b. Place 0	of Disposition (A ary, cremetory of	leme of		Date Mar. 21	20c. Locatio	n - City or To	own, Stete	
Ē	Peg ment and: h		4 Donation 5 Other (Specify)		Union	Cemeter	cv		1997	E1kto	n. Mar	yland	
Baltimore, Maryland 21215-0020	permit. Peges 1 and Department of Heel Important: If Item 2 any Injury or other once.		21. Signature Funeral Service Licens	iee -		22. Name	end Add	ress of Facility					
11	20729		1 Most Church					Main Str		cth Foo	+ MD	21901	
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	lications that caused t ne cause on each line	he death. Do	not enter the m	ode of dy	ring, such es cardla	c or respiratory	arrest,	1	Approximete Interval Bety Onset and D	e ween
	Physician / /Medical		Immediate Cause (Finel	12.0	01.1	. 11.1	1/2		0.		1	7 /4	
	Examiner		disease or condition resulting in death)		Stark (140	14716	oma.	Drau)			> M	-
		je		MRA		consequence of	11): C	(0	4.01	,		10 M.	
	cete be axecuted physician and s the burial-transit	Examiner	Sequentially list conditions,			consequence	an	m.	1		1	,,,,	
ó	an ar	Ä	if any, leading to immediate cause. Enter Underlying	C	OPD		.,.						
68760,	certificete be axecuted rding physician and usa as the burlal-transit	edicai	Cause (Diseasa or Injury that initiated events resulting in death) Last	c	ue to (or as a	consequenca o	f):						
39	leath certifice ettending ph for usa as t	Mec		. <i>F</i>	4not	tyndr	CVI						
Вох		lan/		d		-1	*					- 3	
0	the death y the etter ached for	Physician/	Part II. Other significant conditions co	ntributing to death but	not resulting i	n the underlying	cause g	iven in Part I.	23b. Dld	tobacco uae	contribute to	the cause o	of death?
P.0.			Collet's						10	Yes 250	3 □ Pro	bably 4 1	Unknow
ds,	8 5 8	l by							4.07.000	721173-22	T		* *
Ö	requ	Completed								s an autopsy ormed?	av	ere autopsy fi ailable prior to impletion of ca	0
ž	> 00 CI	mpi								^	of	death?	
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<u> </u>	Physician: The this certificate and director, pag	Be	25. Was case referred to medical examiner?	Hospitel:					ath (Check only	one)			
o	Phys this ral dia	2	1 Yes 2 No	1 L Inpatien			DOA	ther: 4 Nursing	1	Idenca 8 🗆 C		y)	
no	After After fune	lon	1 Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey		Time of Injury M	28c. Inje	ork? ☐Yas 2 ☐ No	28d. Describe	now injury occ	urred		
S	or Attending after death. Director: After i in by the fune	lical	2 Accidant investigation 3 Suicide 6 Could not be	28e. Placa of Injur	v - At home for				28f Location	Street and Nu	mher or Rure	A Route Num	hor
Division of Vital Records,	after Direct	Certification:	4 ☐ Homicida determined	building, etc.		in, alleet, lact	bry, office	,		wn, Stete)	noor or mare	Tribulo rigini	JOI,
	Hospital 24 hours Funeral stely filled	- 1	29a. Certifier 12 Certifying Physics	sician: To the best of	my knowledge	a, death occurre	d at tha t	time, data and place	e, and dua to tha	cause(s) and	mannar as s	tsted.	
	工工工品	edical	(Check only 2 Medical Exami	ner: On the basis of e and mannar state	xamination ar	d/or Investigati	on, in my	opinion, daath occ	urred at the time,	date and place	e, and due to	the causa(s)	1
	To the within 2 To the comple	Σ	29b. Signeture end title of certifier			2		se number		29d. Date sig	ned (Month,	Dey, Year)	
			Juni 16	MA			DO	4623		3/1	9/9	7.	
	4		30. Name and address of person who co		ith (Itam 23a)	(Type, Print)	_ ^	111 -1		- 01	T-11-	an M	11
	1		JUI Chih	HSU	MD	2	23	West	mari	st	HICH	an M	921
ľ	Sta	te	31. Date filed (Month, Dey, Year)	32. Ragistrer	s Signature	.							1-1

DHMH 16 Rev 6/95

							C	Certific	ate of	Death			Reg. No.		. 0 12	- 10
			1. Decedent's Name (First, Mid	dle, Las	st)							2. Dete of De	eath	W	3. Time of I	Death
	Physic /Medi		EDNA LE	NOR	A HUI	īL						Month MARCH	Day 21	1997	9:3	O AM
	Exami		4a. Facility Name (If not instituti	ion, give	street and nu	mber)				4b. City, Tov	m, or Lo	cation of Deat				
			REEDERS MEMOR	IAL	HOME					BOO	NSBO	ORO	4	WASH	INGTON	I
	Funeral		5. Social Security Number	6. Se		7. Age (In	yrs. last birtho		nder 1 Yea	r If Under 2	4 Hrs.	8. Date of Bir	th		lace (State or	
	Director		214-09-5130 Usual Residence of Decedent	11	□M 20XF	9	7 Yn	Mon	ths Dey	s Hours	Min.	JAN. 6	1900 1900		RYLAND	
	how	١.	10a. State 10b. Coun	ty		10c	. City, Town o	r Location						1/	0d. Inside City	y Limits
	death with the Maryland ms 23a or 28a-f show	Funeral Director	MARYLAND WA	SHIN	NGTON			106		AGERSTO	NW		10s Chines of	Mana Cours	1 Yes	2 ½ No
	23a or	ā		017 -		22		101.	Zip Code				10g. Citizen of			
	s 23a	eral	19838 JEFFERS	ON E	12. Was Dec		in 11.0	10 Wes D		21740		-74 - 37 31	44 700	U.S.	***	
		L.	11. Marital Status 1 ☐ Never Married 2 ☐ Ma	rried	Armed F	orces?	III U,S.	If Yes,	specify Cu	ban, Mexican,	Puerto	ecify Yes or No Rican, etc.)	Bla	ce - America ck, White, o		
770	hours after tural', or its al Examine	by I	3 ☑ Widowed 4 ☐ Divorce		If Yes, Gi	ive		1 ☐ Ye	s 2XIN	Specify:			Specif	y: TATE	HITE	
วุ	2 5		15. Decede				16a D	ecedent's l	Isual Occi	ination			16b. Kind of B			
-		Completed	(Specify only high	est grad	de completed)		10	ive kind of e. DO NO	work don	e durina most	of worki	ing	TOD. KING OF B	2311033/1110	lustry	
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	Hyg offi-	BeC	17. Father's Neme (First, Middle	, Last)							's Name	(First, Middle	, Maiden Suman			
Maryland	should be and Mental in marked or umatic eve	To B	UPTON SHERID	AN S	SINNISF	EN				SADT	E FI	ORENCE	POFFEN	BERGE	R	
ai y	shou end M is mar	-	19e. Informant's Name/Relation			-	19b. N	lailing Add	ress (Stree				er, City or Town,	-		
Š :	s 1 and 2 should be filed if Health end Mental Hyg Item 27 is marked othe other traumatic event,		JOAN POTTS/DA										SEMINO			42
ָט .	Heer tem		20a. Method of Disposition			20	b. Place of D	isposition (Name of		,	Date	20c. Location			
2	age anto vor		1 ☑ Burial 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (cemetery,					3/24/97	DOONICE	DODO	MADVI	ANID
baltimore,	permit. Pages 1 and 2 Depertment of Health e Important: If Item 27 1s any injury or other tra-		21. Signature of Funerel Service			1	BOONSBO			ress of Facility					MARYL	AIND
0	Deperminant in portion in properties and in prop		Domi	1%		ul M.	Dean			RAL HO			ld Natio			
			au-111-4	yo.	ev								oro, Ma	rylan		
			23a. Part1. Enter the diseese, of shock, or heart feilure. List	or comp	ne ceuse on e	caused the c each line.	death. Do not	enter the r	mode of dy	ring, such as c	ardiac c	r respiratory a	rrest,		Approximate Interval Betw	reen
	hysician / Medical		Immediate Cours (Fig.)												Onset and De	eath
	Examiner		Immediate Cause (Final disease or condition resulting in deeth)		a	cert	to var	anto	· M	chilu	~				2 wu	5
		L.	resulting in destiny			Due t	to (or as a cor	sequence	of):							
	S #	Examiner			b											
	and and -tran	хап	Sequentially list conditions, if any leading to Immediate			Due t	o (or as a con	sequence	of):							
68/60,	cian bune		Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events	,	C											
0	requires triat the death certificate be executed een signed by the attending physician and hould be detached for usa as the buriel-transit	edical	that initiated events resulting in deeth) Last	1		Due to	o (or as e con	sequence	of):							
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5	tha a	ysic	Part II. Other significant condit	ions co	ntributing to d	eath but not	resulting in th	e underlyir	ng ceuse g	iven In Part I.		23b. Did	tobecco use co	ntribute to	the cause of	death?
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5	sign and b	b				, , ,			. Mor					T		
necords,	been si	Completed	Alphiners	12	inear	^						24a. Was perfo	an eutopsy med?	ava	ere eutopsy fin ailable prior to	
ישבו	S CA	idu												of c	npletion of cei deeth?	u50
= F		S										10	Yes 2 No	1 🗆	Yes 2□ N	No
Dhalolar T	s certificate director, pag	Be	25. Was cese referred to medic examiner?	el						26. Plece	of Death	(Check only	one)			
	dire	2	1 Yes 2 No		Hospital:	Inpatient 2	2 ER/Outpe	tient 3	DOA	ther: 4 1 Non	sing Hor	ne 5 🗆 Resi	dence 6 Oth	er (Specify)	
) i	ter th		27. Manner of Death 1 ☑Natural 5 ☑ Pendi		28a. Date	of Injury th, Day Year	28b. Tim		28c. Inju	uny at	2	28d. Describe	how injury occur	red		
VISION	ath. r: Af	atic	2 Accident Invest	tigation	(10101)	,,	7 1190	M		Yes 2□N	0					
DIVISION	acto by th	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide deten	not be mined	28e. Place	of Injury - A	At home, farm,	street, fac	ctory, office		2		Street and Numb	er or Rural	Route Numb	10 <i>f</i> ,
5 3	s efter	Ser	4 El Hollidge		buildi	rig, etc. (Sp	ecity)					City or To	VII, State)			
Lognitori or	within 24 hours effer death. To the Funeral Director: After complately filled in by the funeral functions fund funeral functions fund fund fund fund fund fund fund fund	edical ((Check only 2 Medical	ng Phy:	ner: On the ba	asis of exam	knowledge, de	eath occurr	red at the t	ime, date and opinion, death	place, a	and due to the	cause(s) and ma	inner as str	ated. the cause(s)	
4	within 2 To the complai	Med	Orie)		end man	ner stated.										
F	2 × 6 8		29b. Signature and title of certifi						29c. Licen	se number			29d. Date signe	d (Month, E	Jay, Year)	
			_	-02	set ~	ري-			DI	8019			March	-21,	(27)	
			30. Name and eddress of persor	who co	ompleted caus	e of death (Item 23e) (Ty	pe, Print)								
			DR. VASANT D	ATTA	1	334 M	ILL ST	REET,	HAGE	ERSTOWN	, MA	ARYLAND	21740			
	Şta	ite	31. Date filed (Month, Day, Year		/ 1	legistrar's Si	gnature	1 44								
	Registr	ar	MAR 2 4	199	7 July	legistrar's S	unthan	all,								
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of Maryland / Department of Health and Mer	ntal Hygiene	/	0244
Certificate of Death	Reg. No.		

						Ce	rtificate	of L	Death		R	eg. No.			
	Di		1. Decedant's Neme (First, Middle,			II	+-+-				2. Date of Dee Month		Yaar	3. Tima of	Death
	Physic /Medi			Euni	ce Mir	1am H	ostette	er				21, 199		10:45	A.M.
	Exami		4a. Fecility Nema (If not institution, s 20530 Millers					41		rs tov	ation of Death	4c. County Was	of Deeth	on	
	Funeral Director		217-54-2958	Sax 1□M 2KF	7. Age (In yrs. 4	lest birthday) 9 Yrs.	If Under 1 \ Months D	eys	If Undar 2 Hours	Min.	8. Deta of Birth (Month, Dey Dec. 15,	Year) 1947	Cour	placa (Stata or	r Foreign
	pul »		Usuei Residence of Decedent 10e. Stete 10b. County		100 Ci	ty, Town or Lo	costion							104 1-44 0	
	with the Maryland te or 28a-f show	ector	MD. Washin	gton		agersto	own							10d. Inside Cit 1 ☐ Yes	
	ath with t	ral Dir	10e. Straat end Number 20530 Millers C	nurch Rd	•		10f. Zip Co	1742	2		1	U.S./		ntry?	
0000	72 hours after death netural, or items 23	by Funeral Director	11. Meritei Stetus 1 Never Married 2 Married 3 Widowed 4 Divorcad	Armed F	No No		Wes Decedent If Yas, specify 1 ☐ Yes 2		spenic Orig , Mexican, Specify:	jin? (Spec , Puarto R	ity Yes or No- ican, atc.)		ck, White,	can Indian, etc. nite	
21215-0020	na 72	Completed	15. Decadent's (Spacify only highest (Elementary/Secondary (0-12)	grade completed)	(1-4or 5+)	16e. Dece (Give life.	dent's Usuel C kind of work of DO NOT use r	ccupa lone du etired)	tion <i>uri</i> ng most	of working	9	16b. Kind of B	usiness/in	dustry	
21	d with	mo.	8	College ((1-401 5+)	Но	use Wo	rk				Home	e		
Maryland	uld be file Aental Hy rked other tic event	To Be (17. Fethar's Neme (First, Middle, La ${\hbox{Amos I. Hos}}$								(First, Middle, I • Marti	Meidan Surnen N	10)		
	and 2 sho alth and h 27 is ma		19a. Informent's Neme/Relationship Amos I. Hostetter		r	19b. Maille 2053	ng Address <i>(S</i> 30 Mill	ers	nd Number	ror Rural	Route Number Rd. Hag	r, City or Town, erstown	State, Zip	21742	
Baltimore,	permit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiena. Important: If tem 27 is marked other than any Injury or other traumatic event, ITA MODE.		20a. Method of Disposition 1		Stata Mil	Pleca of Dispo cematary, cred I ers M Ce	osition (Neme metory or othe lennoni metery	of r _{pleca} te	Church	3/2	Data 24/97 L	20c. Location -			
Ball	pemit. Depart Import any inj		21. Signature of Funeral Service Lic	ensee eulim		22	Name and A	ddrass	of Facility And	Son	Funeral	Home	Inc.		
			23a. Part1. Entar tha disaase, or co shock, or heert feilure. List on	mplications that	caused tha daat							est,	1	Approximate Interval Bety	e ween
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Bo	death o	Physician							111-5		T				
P.O.	tha d y the ached	hysi	Pert II. Other significant conditions					a giva	n In Pert I.			bacco use co			
	as that ignad b	by PI	Curline	Valu	ular	203	ense				1 U Y	es 2 No	3 Proi	bably 4 □ t	Unknown
Records,	requir	Completed b									24a. Was a perfori	n eutopsy ned?	av	ere autopsy fi reilabla prior to empletion of ca deeth?	0
R	The law ate has b	E									1 🗆 Yı	as 20 No	10	Yes 2	No
Vital		Be	25. Wes case referred to medical examiner?						26. Place	of Deeth ((Check only on	18)			
of V	5 00 0	2	1 ☐ Yes 2 No		Inpatient 2	ER/Outpatier	nt 3□ DOA	Other	4 Nur	sing Home	a 5 Reside	ence 8 🗆 Oth	er (Specif	y)	
Division o	Attending Ph or death. ector: Affar th by the funeral	ation:	27. Menner of Death 1 Netural 5 ☐ Pending 2 Accident investigat	ion	of Injury oth, Day Year)	28b. Time of Injury	28c.	Injury Work	et ? es 2□N		3d. Describe ho	ow injury occur	red		
DIVIS	To the Hospital or Attending Is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicide 6 Could not determine	d 286. Plece	e of Injury - At he ing, etc. (Specif	ome, ferm, str (y)	eet, fectory, of	fica		28	of. Location (Si City or Town	treet and Numb n, Stete)	er or Rura	il Routa Numb	ber,
	n 24 hou n 24 hou ne Funer netaly fill	edicai	29e. Certifier (Check only one)	Physician: To the saminer: On the bend man	best of my kno esis of examine mer steted.	owledge, deeth stion end/or Inv	occurred at the contract of th	ne time my opl	, dete end nion, deet	place, en h occurred	d due to the ca	ause(s) end me ete end plece,	end due to	teted. the cause(s))
	within To th	Me	29b. Signeture and title of certifiar				29c. Li	cense	number		2	9d. Data signe	d (Month,	Dey, Year)	
			11/13/	en		ms	. 7	3 %	347			3/2:	2/9-	>	
			30. Neme and eddress of person wh	o completed caus	se of deeth (iten	n 23e) (Type,	Print) 5mc	0				-	11/		
			2-2511 Je	Ferso,			Smi	7%	sbar	7	ms				
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				State of Maryla		ent of Health and ate of Death		eg. No.	10290
/Mo	siciar edica		1. Decedent's Nema (First, Middla, Le Linda DIANE la. Fecility Neme (If not institution, giv	HOLLA	7ND	4h City Town	2. Dete of Deat Month 3	15 g	Yeer 12/26/2
Fune Direct	_		UNIUENSIT 5. Social Sacurity Number 6. S	Y OF MAI	Cy CAND i. lest birthday) If Ur Mont	BAZT/ nder 1 Yaar If Undar 24 H	MORE S. B. Date of Birth	4c. County	9. Birthplace (State or Foreign Country) VITQINIA
e Maryland	roto		10e. State 10b. County Worce	. 0	ity, Town or Location	ie City			10d. Inside City Limits
ath with th	ral Director		10e. Street and Number 913 Mar Ke	1 01	10f.	21851	1	0g. Citizan of W	/het Country?
Fe, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. If the traumarke other than "natural", or frems 23s or 28s-1 show other traumarke event, the Medical Experimental Legislation of the control of the co	d by Funeral	2	11. Marital Stetus 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever in I Armed Forcas? 1 ☐ Yes 2 ② No If Yes, Giva Year or Dates:	If Yes, s	ecedent of Hispenic Origin? specify Cuban, Mexican, Puess 2 No Specify:	(Specify Yes or No- arto Rican, etc.)		e-American Indien, k, White, etc.
aryland 21215-002 should be filed within 72 hours of Mental Hydiene. marked other than "natural",	Completed		15. Decedent's Ed (Specify only highest gre Elementary/Secondery (0-12)	ducation da complated) College (1-4or 5+)	A 2	Jouel Occupation work done during most of w Tuse retired)	rorking	16b. Kind of Bu	Siness/Industry
Maryland 212 d 2 should be filed with th and Mental Hygiene. 7 is marked other than traumatic event, the	To Be		17. Father's Name (First, Middle, Lest) Raph E.	Hickman		18. Mother's N		lears	5
Te, Mar 1 and 2 sho Health and am 27 is m		(G. Steven Hollo 3. Steven Hollo 3. Steven Hollo	ind/Husban	913 M	Name of	ocomoke	City, 1	State Zip Code) 1. 21851 City or Town, Stete
Baltimore, Me permit. Peges 1 and 2 s Department of Health at Important: If item 27 is any injury or other trau	ouce		1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif) 21. Signeture of Funeral Service Lican	Do	22. Nama	hodist Lemeter	3-19-97	Oak Ho	all, Va.
M 705 #	a		23a. Pert 1. Enter the disease, or companion, shock, or heer failure. List only	Nelso Discations that causad the dea	P.O.	Son Funeral Box 64, Poc noda of dying, such es cardi	omoke.	Md. 21	Approximete Intarval Between
Physicia /Medic Examin	al		Immediate Ceuse (Final disaese or condition resulting in deeth)	e. 50	SP515	of).			Onset and Deeth 48 hours
and Il-transit	Examiner		Sequentially list conditions, feny, leeding to Immediate sause. Enter Underlying Cause (Disease or injury	b. Bon		now Tro	AMSPLAN	77	
ox 68760, certificate be executed anding physician and use as the burial-transit	edicai		cause. Enter Underlying Cause (Disease or injury het initieted evants esulting in death) Last	c. AC Due to (c	UTE &	ryelocyTT	c ceni	KEM11	4.
death death	Physician/M	F	ert II. Other eignificant conditions co	ontributing to death but not res	sulting In the underlyin	g cause given in Pert I.	23b. Did to	bacco uee con	tribute to the cause of death?
15, P.O. I res that the de- signed by the a be detached f	by Phy						1 🗆 Ye	on Spino	3 ☐ Probably 4 ☐ Unknown
aw requires been seen seen seen seen seen seen se	Completed						24e. Wes er perform	autopsy red?	24b. Were eutopsy findings available prior to completion of cause of deeth?
Vital Relicion: The Legistrate he rector, page			5. Was case referred to medical			00 8/ 10	1 □ Ya	7	1 Yas 2 No
on of ding Phys After this funeral di	tion: To Be	L	axaminer?	Hospital: 1 Ampatient 2 28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	Other	Homa 5 Resider 28d. Describe ho	nce 6 Othe	
Division Hospital or Attending 24 hours efter death. Funeral Director: After	Certification:		3 Suicida 6 Could not be detarmined	28e. Placa of Injury - At h building, etc. (Special	ome, farm, street, fac fy)		28f. Location (Str. City or Town,		or or Rural Route Number,
DİVİ To the Hospital or Ati within 24 hours after d To the Funeral Direct completely filled in by	edical (2	9a. Certifier (Check only one) Certifying Physical Example 2 Medical Example 1	valcian: To the best of my kno inar: On the basis of exemina end manner stated.	owledge, deeth occurration end/or investigati	ed et the time, dete and plection, in my opinion, death occ	e, end due to the ce curred et the time, da	use(s) and men ite end place, a	nner as steted. nd due to the ceuse(s)
To the You the Comple	M	2	95. Signatural and title of certifier	K	4. 2	29c. License number	29	d. Date signed	(Month, Day, Year)
	4	3	0. Neme end address of person who c	Safface, ompleted cause of deeth (Iter	m 23e) (Type, Print)	190 +06		3/15	197
			MELINDA	BATTAILE	22	SGREEN	IE 5T.	BAZI	10212 and 0
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

							Cei	rtificat	e of	Death			Reg. No.			
			1. Decedent's Nam	e (First, Middle, La	ist)				11	11		2. Dete of De		Ven	3. Tim	e of Death
	Physic /Medi		BERNARD		K.				110	RII		Marc	h al	1997	06	244
	Examil		4e. Facility Neme (/	f not institution, giv	ve street end number)					4b. City, To	wn, or Loc	ation of Deet	h 4c. Cou	nty of Deeth		
			PENTINSUI.	A REGION	AL MEDICAL	CENT	FR			SAT	LISBU	RY	W	COMIC)	
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н	Director		229-09-	7264	1 M 2□ F	75	Yrs.	WOILING	Doys	riours	14111.	01-10		Sanfo		
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	in the	Director	10e. Street and Nur	mber				10f. Zip	Code				10g. Citizen o	of What Coun	itry?	
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	er de	Funeral	11. Maritet Status		12. Was Decedent Armed Forces?		13.	Was Deced f Yes, spec	lent of h	lispenic Or en, Mexica	igin? (Spe n, Puerto F	cify Yes or No Rican, etc.)	D- 14. F	ece - Americ ieck, White,		١,
020	be filed within 72 hours efter deeth with the Marylend hal Hyglene. Id other than "natural", or flems 23s or 28s-f show event, the Medical Examinat must be notified at	by	1 Never Merri	ed 20 Married 4 Divorced	1 ☐ Yes 2 ☐ If Yes, Give Yeer or Detes:	10-7-5	12	1□ Yes	41	Specify:			Spe	olly: Whit	te	
21215-0020	in 72 h	Completed		15. Decedent's E	ada completad)	11-19-		dent's Usua kind of wor DO NOT us			st of workir	ng	16b. Kind of	Business/Ind	dustry	
212	flied with Hygiene. ther than	E	Elementery/Seco	ndary (0-12)	Cotlege (1-4or	5+)	N	Δς	Δ	Supe	rvi e	ar.	Const	ructio	on	
	Hyg other	BeC	17. Father's Name	(First, Middle, Last)			A. D.					, Meiden Sum			-11
a	lenta ked ked	ToB	Bernard	K. Hall,	Sr.					Nel	lie I	M. Hali	1			
Maryland	12 should be filed w h and Mental Hygier I'ls marked other ti traumatic event, the	-	19a. informant's Na				19b. Mailii	ng Address	(Street	end Numb	er or Rure	Route Numb	per, City or Tov	vn, Stete, Zip	Code)	
	s 1 and 2 should f Heelth and Mer frem 27 is marks other traumatic		Eleanor	Lewis Ha	all/wife		23338	Sax	is R	oad -	San	ford.	VA 234	26		
ē,	f Heelth ftem 27 other tr		20e. Method of Disp			20b. Pie	ace of Dispo	sition (Nen	ne of			Dete		n - City or To	wn, Stete)
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			23a. Part1. Enter the	ne diseese, or com	plicetions thet cause one cause on each i	d the death.									Approxi	
	Physician		V	,										1		nd Death
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Box	eth c	Physician/			u.									t		
	that the de led by the a detached	ysic	Part It. Other signifi	icant conditions	contributing to death b	out not result	ting in the u	nderlying c	euse giv	en in Part	i.	23b. Dld	tobacco use	contributa to	the cau	se of death?
P.0	hat the deby		COLIUNIA	Arky E	hain							1 🗆	Yes 2 No	3 Prol	bably	l 🗌 Unknown
Records,	ires tha signed d be de	Completed by	Pack V		in - Ble	1.: 1	1140					0411111		Oah M		ou findings
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E	Page Page	S	· Suren	ع د ۱۱۱۶ بس	on							10	Yes 20 No	10	Yes :	2□ No
Vital	Physician: The this certificate rai director, pag	Be	25. Was cese refer examiner?	red to medicei	11				100		e of Death	(Check only	one)			
of	hys i di	2	1 Yes 2		Hospitat: 1 inpatie		R/Outpatier		/n				Idence 6 🗆		v)	
L C	D je je	iuo.	27. Menner of Death	5 Pending	28a. Date of inju (Month, Da	y Year)	28b. Time of Injury		8c. Inju			8d. Describe	how injury occ	urred		
Sic	Attending or death. ector: After by the fune	cat	2 ☐ Accident 3 ☐ Suicide	investigation				М		Yes 2□		o				
Division	or Attending P safer death. Director: After the in by the funera	Certification:	4 ☐ Homicide	determined	286. Place of in	c. (Specify)	ne, farm, str	eet, factory	, office		2		(Street end Nu wn, Stete)	mber or Hura	ii Houte r	vumber,
	phtal purs eral filled		29a. Certifier	1D/Cartifulno Dh	veicles: To the best	of mu knowi	ladge deeth	o o o o urrad	at the tir	mo data or	nd place o	nd due to the	course(s) and		totod	
	To the Hospital or Attendii within 24 hours after death. To the Funeral Director: A completely filled in by the fu	edical	(Check only one)	2 Medicai Exar	nysician: To the best miner: On the basis o and menner at	examinetic	on end/or in	estigetion,	in my c	ppinion, dea	ath occurre	d at the time,	, date and pled	e, and due to	the ceu	se(s)
	of the ompi	Me	29b. Signeture end	title of certifier				290	. Licens	se number			29d. Dete sig	ned (Month,	Dey, Yea	ir)
	- s - ö	,	1	Small [-11 - 1 harr	M)		DY	406	9		3	21.9	7.	
		5	30. Name and address	ask of person who	completed ceuse of c	leath /Item	23a) /Time	D-2-4\								
			2016	PH CIN	ioaron	(M)	10	6 MI	LFU	NO S	7. #	104	SALISE	WRY,	M	21804
	Sta Registr		31. Date filed (Mont	h, Dey, Year) R 24 199		er's Signetu	Radal	Ç						,		

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

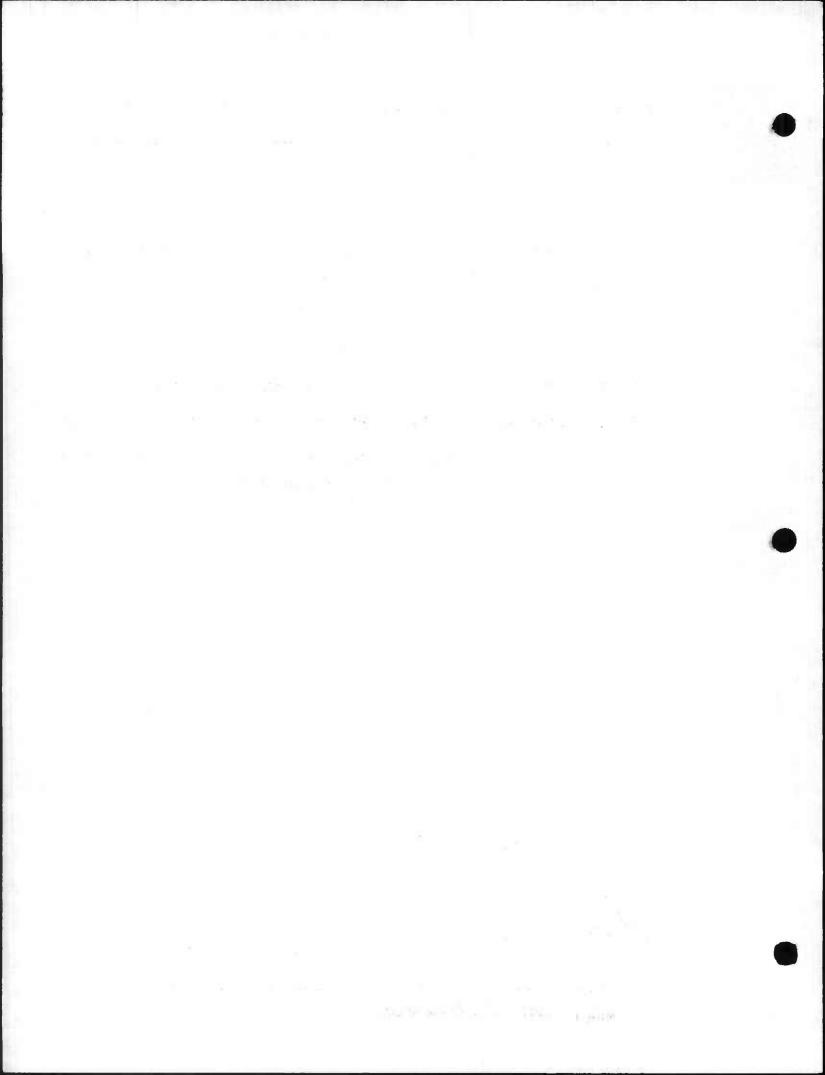
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	IENTAL HYGIENE
CERTIFICATE OF DEATH	BEG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF H	EALTH DEAT	AND M	IENTAL HYGIENI REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH					
	Edna Sallie	11	Hales				March, 19	9,1997	6 A. M					
	035 30 4545	SEX 6. AGE	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month Day Year) 5/15/10	THPLACE (State or Foreign arvland							
	9a. FACILITY NAME (If not institution, give street	t end number)		9b. CITY, TOWN (OR LOCATIO	N OF DEA		9c. COUNTY OF						
DIRECTOR	207 Belt	Street		Snow H	ill			Wor	cester					
REC	10a. STATE 10b. COUNTY		10c. CI	Y, TOWN OR LOCAT	IDN				10d. INSIDE CITY					
	Md. Worce	ester		Snow Hil	1				LIMITS?					
FUNERAL	10a. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN O	WHAT COUNTRY?					
NEI	207 Belt						863		J.S.A.					
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR DR D	2 - NO	If yes, sp	ENDENT OF Cuben 2 KNO	, Mexican,	C ORIGIN? (Specify Yee, Puerto Rican, etc.)	Bio	CE — American Indian, ack, White, etc.					
	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16s. KIND OF BIGINESS/INDUSTRY													
E	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se retired.)	st of working	7	1000 1000							
MPL		4	Nursi	ng			Me	edical						
TO BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surneme)													
	William T. Hales Sallie M. Hudson (Hales)													
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
	Stephen V. Hales					OCE	ean City, I	Md. 2184	12					
	20e. METHOD OF DISPOSITION 1 Regular 2 Cremation 3 Removal	from State cen	netery, crematory or o	OF DISPOSITION (Na ther place)				CATION — City or						
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:	SEE W	natcoat	Methodis		Company of the contract of the		ow Hill						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dennis Funeral Home, Snow Hill, Md. 21863													
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fallure. List only one cause on each line.													
	snock, or neart tailure. List only one ceuse on each line.													
	IMMEDIATE CAUSE (Final disease or condition resulting in death) e. Coronary Gylery disease Conference Off: Onset and Disease or condition of the conference of the conferenc													
	DUE TO (DR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, DUE TO (DR AS A COMPENSAGE OF)													
SAT	cause. Enter UNDERLYING													
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEDUENCE DF):												
ERI	resulting in death) LAST													
AL C	PART II. Other significant conditions c	ontributing to deeth b	ut not resulting	In the underlying	ceuse of	ven in P	art I. 24a. WAS AN A	NITOBEY 2	6b. WERE AUTOPSY FINDINGS					
S			•		g.		PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
ED							1 TES 2	₹ ^{NO}	OF DEATH?					
2	DID TOBACCO USE CONTRIB	UTE TO CAUSE O	F DEATH Y	S I NO K	UNCE	RTAIN			1 TYES 2 NO					
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL		26. PLACE DF DEA		01101									
Sic		OSPITAL: ☐ Inpatient 2 ☐ ER/Outp	estient 3 DOA	OTHER: 4 Nursing Home	5X□ Res	Idence 6	8 ☐ Other (Specify)							
£	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIM		JRY AT		28d. DESCRIBE HOW IN	JURY OCCURED						
BY	1 X Netural 5 Pending 2 Accident Investigation				ES 2 [ND								
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	281. LOCATION (Street or City or Town, State)	nd Number or Rure	l Route Number,										
PLE	29e. CERTIFIER Check only 1 CERTIFYING PHYSICIAL	N: To the best of my know	ledge, death occurr	ed at the time, date	end place.	end due to	the ceuse(e) and mann	per as stated.						
O	one) 2 MEDICAL EXAMINER: D								(e) end menner se stated.					
	296. SIGNATURE AND TITLE OF CERTIFIED	. 1	6 -		29c. LICEN				D (Month, Day, Year)					
) BE	Calvers, M	whom	nD		04	164	190	▶ 3.	120197					
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	~/	W/	, ,	/						
~	ratricia K. m	rahosey	mD	4281	U. 1	mo	Irket St	Snow	WHILL DMILLER					
1	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE													

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					Cei	rtificat	e of	Death		B	leg. No.			
Di vi		1. Decedent's Nema (First, Middla, I							2. Dete of Dea Month	eath		3. Time	of Counth	
Physici /Media Examir		Maurine	M.	Наз	rtnet	t				March	8 1	997	4:5	5 m
		4a. Facility Neme (If not institution, g		r)				4b. City, To	wn, or Lo	cation of Death	ath 4c. County of Death			
		Stella Maris						To	wson		Bal	timo	re	
Funeral	Г	Social Security Number 6.		iga (In yrs. iest	birthdey)	If Under Months	1 Yeer Days	If Undar		8. Dete of Birth (Month, Day NOV 11			olece (Stete otry) V YOY	e or Foreig
Director	4	106-14-7835 Usuei Residence of Decedent	1□M 2[X]F	77	Yrs.		24,0			Nov 11	, 1919	Nev	ÿ'Yorl	k
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a Me	cto	Maryland Howa	rd	E13	licot	t Cit	Ly						1 ☐ Ya	as 200 N
or 28	Director	10e. Street end Number				10f. Zip	Code			1	log. Citizen of	What Cour	ntry?	
23a	2	10321 Globe	Drive				2104	2			United	Stat	tes	
r der	Funeral	11. Meritel Status	12. Wes Decedan Armed Forces		13. \	Wes Deced	dent of I	Ispanic Original, Mexican	gin? (Spe , Puerto I	cify Yes or No- Rican, etc.)		a - Americ	can Indien, etc.	
filed within 72 hours after death with tha Menyland Hygiena. ther than "natural", or flerna 23a or 28a-f show ent, the Medical Examinat must be neutred at	by	1 Never Married 25 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ☑ If Yes, Giva Yaar or Detes			1□ Yes					Specify: White			
72 ho natur	Completed	15. Decedent's (Specify only highest g	Education rada completed)	10	6e. Deced	dent's Usue kind of wo	el Occu	petion during most	of working	ng	16b. Kind of B	usinass/In	dustry	
Pa dilini	I du	Eiementery/Secondery (0-12)					(Give kind of work dona during most of working life. DO NOT use retired)							
filed withi Hygiana. rther than		12 17. Fathar's Nama (First, Middle, Last)				Homemaker 10 Methods Nov.					Own Home			
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d 2 should be ith and Mental I	2			01-11-11-		(0)								
har her rau		19e. Informent's Neme/Relationship								Route Number				1040
of Haaith of Hem 27 i		Richard Hartnett 20a. Method of Disposition	/Husband	20b. Plece				rive	ETT.	Dete C	20c. Location	_		1042
o to		1 ☐ Burial 2 🛣 Cremetion 3 4 ☐ Donetlon 5 ☐ Other (Spec		e	etery, crem	netory or o	ther ple		J243"	-10-97				a
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Deparent Important Indiana		> Frem Coll	- with	Re						eral Horike Ell:			MD 2	10/2
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/Medical	15	Immediate Ceuse (Final Glioblas toma												
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	ner													
and transi	Examiner	Sequentially list conditions,	juance of):				*							
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certificeta be executed nding physician and usa as tha buriel-transit	Medical	thet initieted events resulting in deeth) Last	a consequ	uance of):					-					
ath ca	Physician/	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause												
t the	hys	r of it. Other argumeant conditions	DULTION TO SUMMIN	ring in the underlying cause given in Pert t.					23b. Did tobacco use contribute to the cause of de 1 □ Yee 2 □ No 3 □ Probably 4 ☑ Unk					
signed d be da	by F							1 10 400 2 NO 3 Probably 4						
requires been sign should be	ted							24a. Was a perfor	n autopsy med?	av	are eutops eilable prio	orto		
2 S S	Completed											of	mpietion of death?	Causa
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Physician: this cartific ral director,	Be	25. Wes case reterred to medical axaminar?	Hospitel:				Ot	1111 45		(Check only or				
Phys raidi	. To	1 ☐ Yes 2 ☐ No 27. Menner of Deeth	1 ☐ Inpat		Outpatien b. Tima of)A	4E NU		ne 5 Reside			y)	
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Attending or death. Sector: After by the fune	fica	3 ☐ Sulcide 6 ☐ Could not	be Diese of Is	niury - At home.	term. stre					28f. Location (S				
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To the within 2 To the i	Med	29b. Signature and fittin glamatifiar	and menner s	teted.										
F ≱ ₽ 8		290. Signature and titin of chamilar	20		29c. License number				29d. Dete signed (Month, Day,			⊅ay, 1 θar)		
3		NO MINISTER					_ D	14405		3.10 77				
H		30. Neme end address of person who	completed cause of	deeth (Item 23a	a) (Type, I	Print)								
		Eddie Nakhuda,				ılane	y Va	alley	Rd	Tows	on, Md	212	04	
Sta		31. Date filad (Month, Dey, Year)	32. Regist	trer's Signeture	P	111				12				
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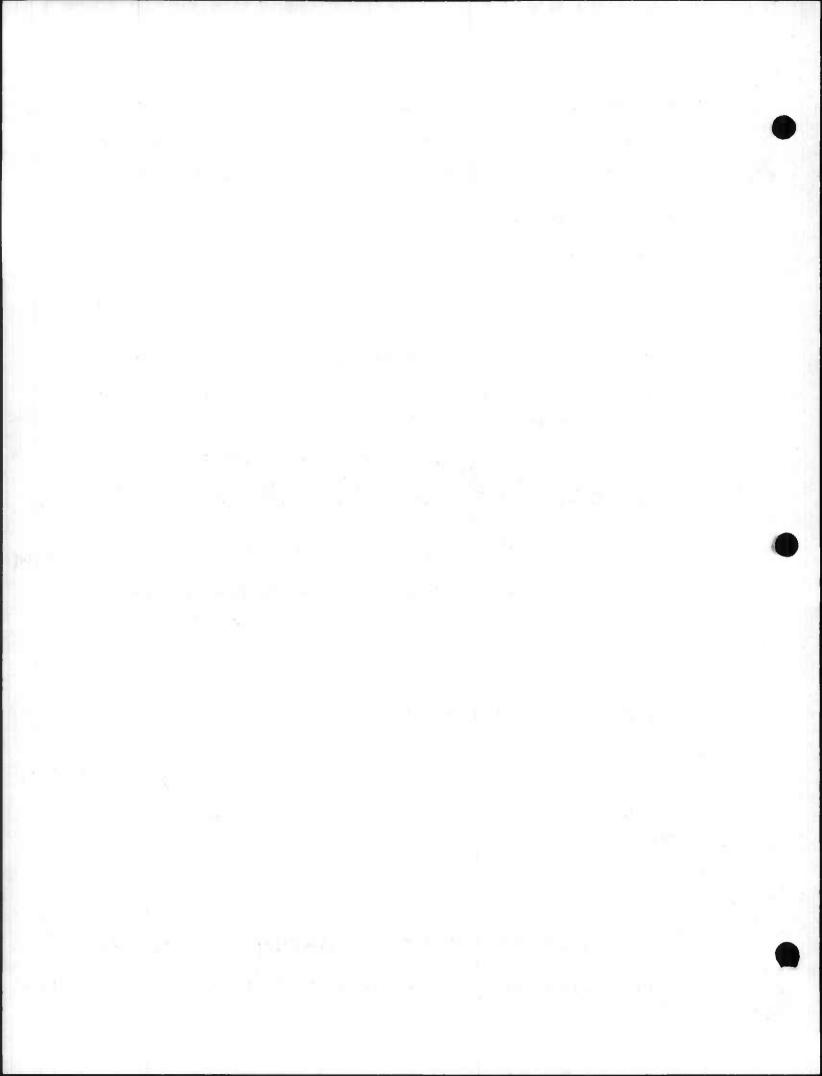
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State of Maryland / Department of Health and Mental Hygiene

					(Certificate of	Death		Reg. No.			
			1. Decedent's Neme (First, Middle, Las	st)				2. Dete of Deeth 3. Time of Deett				
Physicia /Medic Examin				SISTER	DENISE	HARLEY		MARCH	14. 1997	Year	4:25 A.M	
			4e. Fecility Neme (If not institution, give				4b. City, Town, or Lo		h 4c. County	of Deeth		
	Funeral Director		218-52-7081		(In yrs. lest birth	Months Days		8. Dete of Bi (Month, Do JAN. 18	rth ey, Year)	9. Birthpl Count PENN	CK lece (State or Foreign try) SYLVANIA	
	pue *		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Town	or Location				10	Od. Inside City Limits	
	Manyl 4 sho	0	MARYLAND FREDERIO			ITSBURG					1 X Yes 2 No	
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	ter deatl	Funeral	11. Meritel Stetus	12. Wes Decedent Ev	ver in U,S.	21727 13. Wes Decedent of If Yes, specify Cut		ecify Yes or No		e - America		
21215-0020	al', or	by	1 ☑ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:		1 ☐ Yes 2 ☒ No		Hican, etc.)		ck, White, e		
5-0	s 1 and 2 should be filed within 72 hc f Heelth end Mental Hygiene. Then "nætur Item 27 is mærked other then "nætur other traumatic event, the Medical	Completed	15. Decedent's Ed (Specify only highest gra	lucation de completed)	16a. D	ecedent's Usuel Occu Give kind of work done ife. DO NOT use retire	ipation o during most of work	ing	16b. Kind of B	usiness/Ind	lustry	
121	within ane. than	dm	Elementary/Secondary (0-12)	College (1-4or 5+)		ed)		DALICUTE	ם מר	SE OUADITU	
	Hygid Hygid	ပိ	17. Fether's Neme (First, Middle, Last)	5+	I IEF	ACHER	18. Mother's Nem	e (First, Middle			CHARITY	
Maryland	2 should be filed withli end Mental Hygiene. s marked other then aumatic event, the M	To Be	THOMAS HARLEY				MARGA	RET VE	RONICA C	ASSID	ΟY	
ary	should man marke	-	19e. Informent's Neme/Reletionship (7	Type, Pnint)	19b. N	Mailing Address (Stree						
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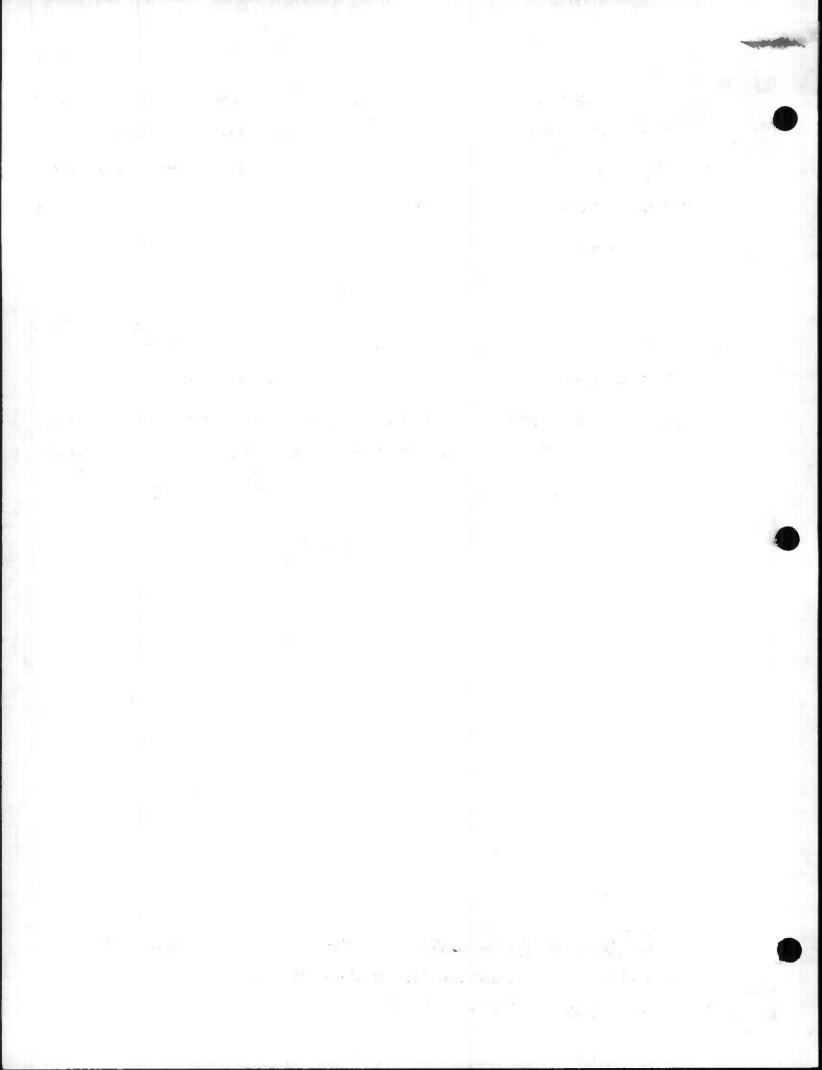
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	Funerai Director		5. Social Security Number 6. Sex 1	7. Age (In yrs.		Months Deys			th y, Year) 7 1915	9. Birthpl Count Mary	ece (State or Foreign try), Land				
	land		Usual Residence of Decedent 10a. Stete 10b. County	10c. Cit	y, Town or Loc	ation				10	Od. Inside City Limits				
	tha Mary 28a-f sho	ector	MD Frederic	ck B.	nunswi						1√ Yes 2□ No				
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			30. Neme end eddress of person who comple	ted ceuse of death (Item	1 23e) (Type, F	Print)	10 - 1		-	-,	Prairie				
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	Sta Registr	_	31. Dete filed (Month, Day, Year) MAR 2 0 1997	32. Registrer's Signa	Lar-Rend					1					
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State of Maryland / Department of Health and Mental Hygiene

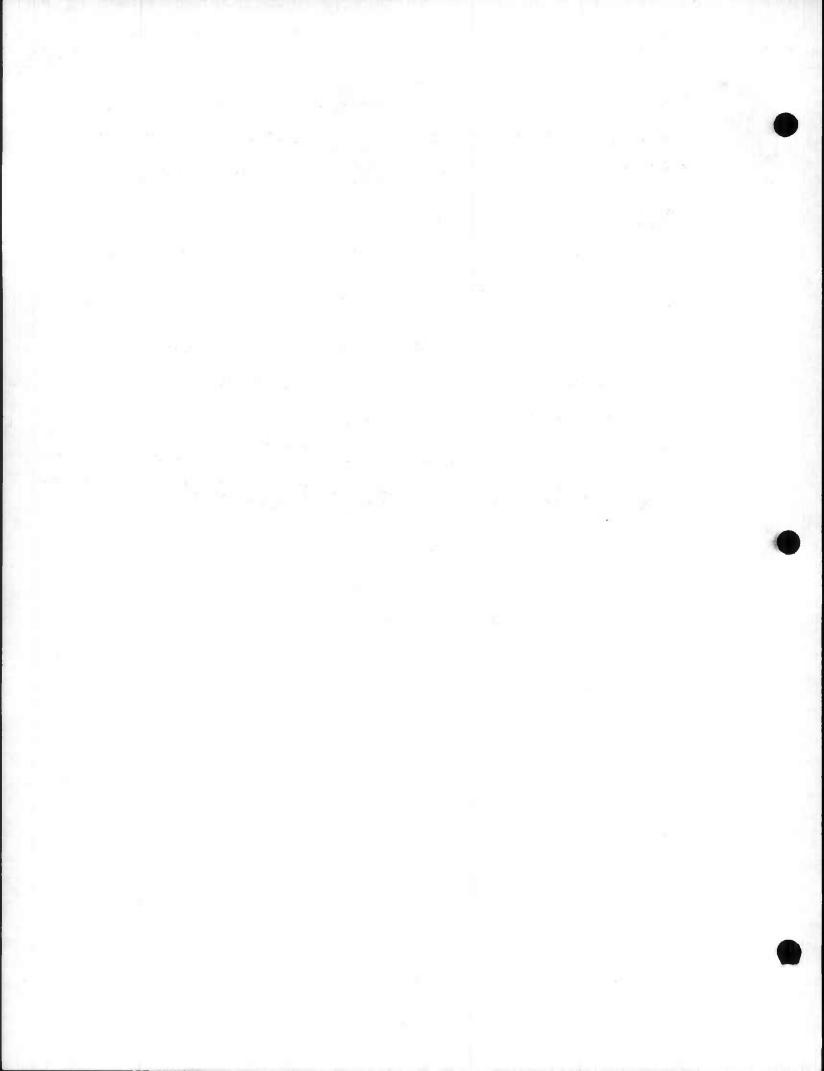
Amended #7, 8, 3/20/97, JW, Montg. Cty. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 7 Day **Physician** MARCH 199 7 ar EULALIE KEAY HAMMOND 4:25 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth 1919 Month, Day ear 507 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Funerai 1 □ M 2 😿 F Months Days Hours 016-12-2997 80 77 Yrs. MASSACHUSETTS Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f ahow MONTGOMERY MARYLAND OLNEY 1 Yes ZHNo the Medical Examiner nast be notified Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ò 17533 GATSBY TERRACE 20832 U.S.A. 238 Funerai or items 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No It Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Raca - American Indien, Black, White, etc. 11 Marital Status filed within 72 hours efter 1 Never Married 2 Married Specify: WHITE Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3X Widowed 4 ☐ Divorced "natural". Yeer or Dates: Be Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry
CENTRAL INTELLIGENCE Elementery/Secondary (0-12) College (1-4or 5+) AGENCY ANALYST 7 Is marked other traumatic event, 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Peges 1 and 2 should be nent of Health end Mental WINFORD L. KEAY EULALIE M. JAMES 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Health e LYNN H. LINCK/DAUGHTER 19900 HAMIL CIRCLE GAITHERSBURG, MARYLAND 20879 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 XBurial 2 ☐ Cremation 3 ☐ Removal trom State permit. Pege Depertment of Important: If any Injury or PARKLAWN MEMORIAL PARK 3/11/97 ROCKVILLE, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) Joseph Gawler's Sons, Inc. 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility 5130 Wisconsin Ave., km. less Washington, D.C. 20016 23a. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final SEPTICEMIA 2 DAYS disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner LEUKEMIA 2 MONTHS The lew requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Lest the buriel-tran Due to (or as a consequence of): P.O. Box 68760, physician Physician/Medical Due to (or as a consequence of) use es 0 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, þ 8 pege 2 should Completed 24b. Were autopsy findings availeble prior to completion of ceuse of deeth? 24a. Was an autopsy performed? peen certificate 1 Yes 2 X No 1 ☐ Yes 2 ☐ No of Vital Attending Physician: Be 25. Was cesa reterred to medical examiner? 28. Place of Death (Check only one) Hospital: XX Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2XXo spital or Attending Physisours efter deeth.
neral Director: After this y filled in by the funeral di his 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Division 5 Pending investigation 1 X Naturel Injun 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide To the Hospital within 24 hours e To the Funeral C completely filled Hospital 29a. Certifier Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end manner as stated. 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, dete and place, end due to the cause(s) and manner stated. 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) 20 D10690 MARCH 8,1997 30. Name and address of person who completed cause ot deeth (Item 23a) (Type, Print) EDGAR LEVIN, M.D. 9801 GEORGIA AVE. SILVER SPRING, MD. 32. Registrar's Signature 31. Date filed (Month, Day, Year) State all Davidson



10252 State of Maryland / Department of Health and Mental Hygiene

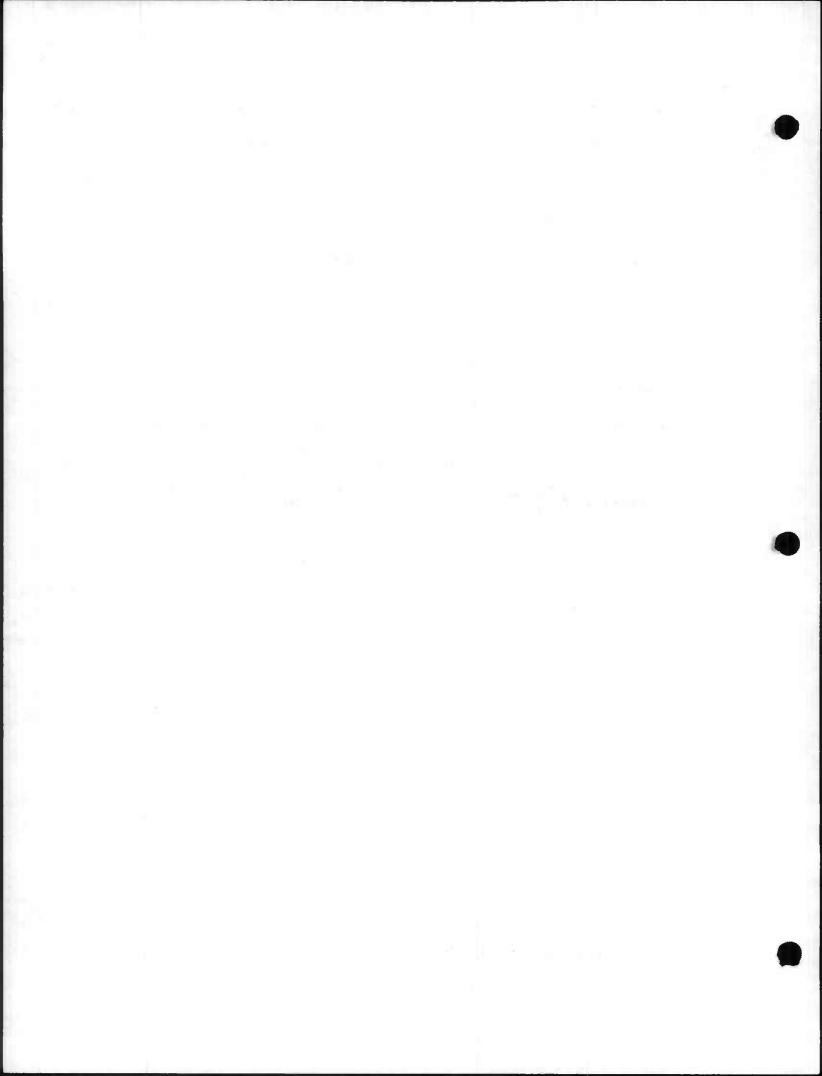
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29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)	on	ding h. After	ţ	1 Naturel	5 Pending	(Month,	Dey Year)				2 □ No	200. 20001120	now anjury cood			
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) VIKRMADITYA D REDDY, III2S RECKVIVE PIKE, SUITE #303, ROUKVIVE, ND_20552 State Registrar 31. Date filed (Month, Day, Year) MAR 1 8 1997 WAR 1 8 1997 A line filed (Month, Day, Year) State MAR 1 8 1997 WAR 1 8 1997 WAR 1 8 1997 WAR 1 8 1997 WAR 1 8 1997 WAR 1 8 1997	8	deat deat ctor: y the	fica	3 Suicide	6 Could no	ot be	f Injury - At ho	me farm str				28f Location	(Street and Num	ber or Rure	l Route Number	
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) VIKRMADITYA D REDDY, III2S RECKVIVE PIKE, SUITE #303, ROUKVIVE, ND_20552 State Registrar 31. Date filed (Month, Day, Year) MAR 1 8 1997 WAR 1 8 1997 A line filed (Month, Day, Year) State MAR 1 8 1997 WAR 1 8 1997 WAR 1 8 1997 WAR 1 8 1997 WAR 1 8 1997 WAR 1 8 1997	Σ	or A efter Dire	erti	4 Homicide determined building, etc. (Specify)									wn, Stete)	ber or riare.	Troute realinger	
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) VIKRAMADITYA · D REDDY, III2S RECKVILLE PIKE, SUITE #303, ROUKVILLE, ND_ 20552 State Registrar MAR 1 8 1997 Julia Stuidson—Pandoke		Hospita 24 hours Funeral tely filled		(Check only	1 Certifying	xaminer: On the bas	is of examineti	vledge, deeth	occurred et the	e time, de	ete end plece	, end due to the	ceuse(s) end m	enner es st	eted.	
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) VIKRAMADITYA · D REDDY, III2S RECKVILLE PIKE, SUITE #303, ROUKVILLE, ND_ 20552 State Registrar MAR 1 8 1997 Julia Stuidson—Pandoke		thin the	Me			end manne	or Stated.									
30. Name and address of person who completed cause of death (Item 23e) (Type, Print) VIKRAMADITYA · D REDDY, III2S RECKVILLE PIKE, SUITE #303, ROUKVILLE, ND_ 20852 State Registrar MAR 1 8 1997 State MAR 1 8 1997 MAR 1 8 1997 MAR 1 8 1997 MAR 1 8 1997 MAR 1 8 1997		5.¥₹8	77.			Lilia Re	itie Reddy									
State Registrar VIKRAMADITYA · D. REDDY , III25 RECKVILLE PIKE, SUITE #303, ROUKVILLE , ND_ 20852 31. Date filed (Month, Dey, Year) MAR 1 8 1997 State MAR 1 8 1997 State MAR 1 8 1997		6				()	0			5 46	۲		MAKCO	13)	7	
State Registrar 31. Date filed (Month, Dey, Year) MAR 1 8 1997 32. Registrer's Signeture State MAR 1 8 1997								23e) (Type,	Print)	FLE	Com	~ H-2~2	RNEUTI	15	IN 100	-
Registrar MAR 1 8 1997 Julia Davidson Pandore									ATIME !	ike,	704	e 3+303,	7-00-00	w) /	in- orna	12
DHMH 16 Rev 6/95				111711	T 0 13	31 gum	2 Day don	~ Aando	R2							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 10253

						Ce	rtificate	e of	Death			Reg. No.		
			1. Decedent's Neme (First, Middle, L	ast)						2	Date of Dea	ath		3. Time of Death
	Physic /Medi		PHYLLIS	7.	1	+1L0				N	Month 1ARCH	Day 15	Yeer 1997	1645
Ş.	/Medi Exami		4a. Fecility Neme (If not institution, g	ive street and number)					4b. City, Towr					
			Holy Cross	Hospital					Silver	Spri	ing	Mon	ntgom	erv
	Funeral			Sex 7. Age	e (In yrs. I	ast birthday)	If Under	1 Year	If Under 24	Hrs. 8	. Date of Birt	h		lece (State or Foreign
	Director		471-26-7194 Usual Residence of Decedent	1□ M 2X F	68	Yrs.	Months	Deys	Hours	Min.	(Month, Da)	0,1928	Minn	esota
	/land		10e. State 10b. County		10c. City	, Town or Lo	cation						10	0d. Inside City Limits
	Man	ţō	Maryland Montgor	nery		Rock	ville							1X Yes 2 □ No
	r 282	Director	10e. Street end Number				10f. Zip	Code				10g. Citizen of \	Whet Coun	try?
	3a o	0	800 Carter Road			20852						United	States	
	deeti	ner	11. Marital Stetus	12. Wes Decedent E	Ever in U,	S. 13.				n? (Specif	y Yes or No-	14. Rac	e - Americ	an Indien,
72 hours efter deeth with the Maryland	ours efter deeth with the Marylan at', or frems 23a or 28a-f show Examiner must be notified	by Funeral	1 Never Married 2 X Married	Armed Forces? 1 ☐ Yes 2X N If Yes, Give	lo	J,S. 13. Was Decedent of Hispanie If Yes, specify Cuben, Me: 1 ☐ Yes 2 ☐ No Spe			Specify:	Риепо ню	can, etc.)	Specifi	ack, White, etc.	
	irai',	d b	3 Widowed 4 Divorced	Yeer or Dales:				74-110	ороолу.			Specifi	Wh	ite
,	"natural", or	Completed	15. Decedent's (Specify only highest g	Education rade completed)		16e. Dece (Give	Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)					16b. Kind of B	fustry	
	within ene. then	ig E	Elementery/Secondary (0-12)	College (1-4or 5	+)									
Maryland 21215-0020	be filed tal Hygi d other		17. Fether's Neme (First, Middle, La.	2		Documentation Speciali					ist Col		lege	
		B											10)	
•	should and Men marke umaric	To	August W. Thie		-						Utzing			
	12 st h enc ts n traur		19a. fnforment's Name/Reletionship									er, City or Town,		
	Health Health Hem 27 i		Robert W. Hill ,	Husband	20h Pi	-1 Di	-141 /41			T		aryland 20c. Location -	208	
	in its		1 ☐ Burial 2 🖾 Cremetion 3		ce	emetery, crer	natory or of	ther plac	≫)March					
	trant rtant		4 Donetion 5 Other (Spec		Mor				orium,			Betheso		
	permit. Peges 1 and 2 shoul Department of Health and M important: If item 27 is man! any injury or other traumation.e.		21. Signature of Funerel Service Lice	V	M0034	R	ockvi	11e,	Inc., Mary	, 300	W. Mo	ontgomen	ry Av	neral Home enue
1	1977		23a. Pert1. Enter the disease, or co- shock, or heart failure. List only	mplications that caused	the death	. Do not ent	er the mode	e of dyir	ng, such es ca	rdiac or r	espirelory er	rest,		Approximete Intervel Between
	Physician			, 01.0 00000 01. 0001 11.										Onset end Death
	/Medical		Immediate Ceuse (Final disease or condition	in	U L]	T 1 -	ORG	AN	FAI	LILR	9			5 DAYS
	Examiner		resulting in death)		Dun to los									
	P #	ine		INTE	RMei	DIATE	GR	400	LY	MPI	HOMA			31/2 YEAR
	cate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions,	0.		es e consec	P		•				1	
•	cian burie		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events	C										
	cate chysi the	Medical	that initieted events resulting in deeth) Last		Due to (or	as e conseq	uence of):							
	requires that the death certificate be executed seen signed by the ettending physician and hould be deteched for use as the buriel-transit			I d									i	
	etten for us	Physician/												
	that the de ad by the deteched	ysic	Pert II. Other significent conditions	contributing to death bu	t not resu	ItIng in the u	nderlylng ca	ause giv	en in Pert I.					the cause of death?
	ed by detec										101	res 2 No	3 Prob	pably 4 Unknow
	signed d be de	d by									24p Wes	en eutopsy	24b. We	ere eutopsy findings
	v require been si should I	ete										med?	eve	elleble prior to appletion of cause
	50	Completed												deeth?
	E se g										101	es 2 No	1	Yes 2 No
	Physician: The rule contificate vial director, page	B	25. Wes case referred to medical examiner?	Hospital:				Oth		f Deeth (Check only o	ne)		
	hys his al di	2	1 Yes 2 No	Hospitel: 1 Inpatier		ER/Outpetier		-	4 🗆 (4015)			ience 6 Oth		/)
	ding P th. After t funera	ion	27. Menner of Deeth 1 ☑ Naturel 5 ☐ Pending	28e. Dete of Injury (Month, Day	Year)	28b. Time of Injury		Bc. Injur Wor			d. Describe h	now injury occur	red	
	tor: / the	Icat	2 Accident investigati 3 Suicide 6 Could not	he	- A. L		M		Yes 2 No		Lacation /	Manage and them to	or or Dura	I Doub Number
	i or Attandii efter death. Director: A d in by the fu	Certification:	4 ☐ Homicide determine						ation (Street end Number or Rurel Route Number, or Town, State)					
	To the Hospital or Attanding within 24 hours efter death. To the Funeral Director: After completely filled in by the fune	1 1	29a. Certifier 1 ☐ CertifyIng P	hysicien: To the best of	f my know	rledge, deeth	occurred e	et the tin	ne, date end p	plece, end	due to the	ceuse(s) end me	enner es st	eted.
	To the H within 24 To the F complete	Medicai	one)	end menner stel	ted.	on one of an	1			00001100				
		2	29b. Signature end title of cartifier	1 1		\			e number			29d. Date signe	d (Month, I	Day, Year)
	30		Horish M.	Haggerty	MI)	1	3;	2407	7		MARCH	16	1997
	_		30. Name and eddress of person who		eth (Item		Print)							
			JOSEPH M. HAGE	erry 970	27	Medi	HL	Cen	TER D	R. K	OCKUL	Le Mo	20	850
	Sta		31. Dete filed (Month, Day, Year)	32. Registre										
	Registi	rar	MAR 1 8 19	19/ Julia	David	son-Arm	delle							
				U		-								



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Day 1997 Yeer **Physician** MARCH 11, 7:15PM EMANUEL HERSKOWITZ /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** ROCKVILLE HEBREW HOME OF GREATER WASHINGTON MONTGOMERY 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Months Days Hours Year) 11XM 2□ F Yrs. 083-16-6666 96 DEC. Director 13, NYC Usual Residence of Decedent the Maryland to or 28a-f show 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYes 2 No Director MONTGOMERY ROCKVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours after death with itams 23a (Inst. must.b. 6121 MONTROSE RD. 20852 Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Å No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Reca - American Indien, "natural", or itam edical Examiner Bleck, White, etc. 1 Never Merried 2 Married 21215-0020 1 ☐ Yes 2 No by 3 ☐ Widowed 4 ☐ Divorced Specify: WHITE Completed the Medical 15. Decadent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) BANKER BANKING 7 is marked other traumatic avent, Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Pagas 1 and 2 should be nant of Haalth and Mantal WOLFF HERSKOWITZ SARAH (UNOBTAINABLE) 0 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) or other tra CAROLE KOPIT / DAUGHTER 5800 NICHOLSON LANE, ROCKVILLE, MD 20852 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other placa) Date 20c. Location - City or Town, State 1 X Buriai 2 ☐ Cremation 3 ☐ Removel from Stete permit. Paga Department of Important: if any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify RIVERSIDE CEMETERY 3/14 SADDLE BROOK, NJ 21. Signeture of Funerel Servica L. 22. Name end Address of Facility EDWARD SAGEL FUNERAL DIRECTION, INC. 1091 ROCKVILLE PIKE, ROCKVILLE, MD 20852 EDWARD SAGEL 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) **Examiner** The law raquiras that the death cartificate be axecuted the buriai-trar Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest P.O. Box 68760, attending physiclan for usa as the buria Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditione contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by paga 2 should be datac 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ 24b. Were eutopsy findings eveileble prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? After this cartificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No i or Attanding Physician: after death.
Director: After this cartifica Be 25. Wes case referred to medical 28. Plece of Deeth (Check only one) To Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 25 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending To the Hospital or Attandin within 24 hours after death.
To the Funeral Director: Af completaly filled in by the fu investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide Medicai Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner es steted.

| Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end pleca, end due to the cause(s) end manner stated. 29a. Certifier

State Registrar

5

Melo

, Feldman

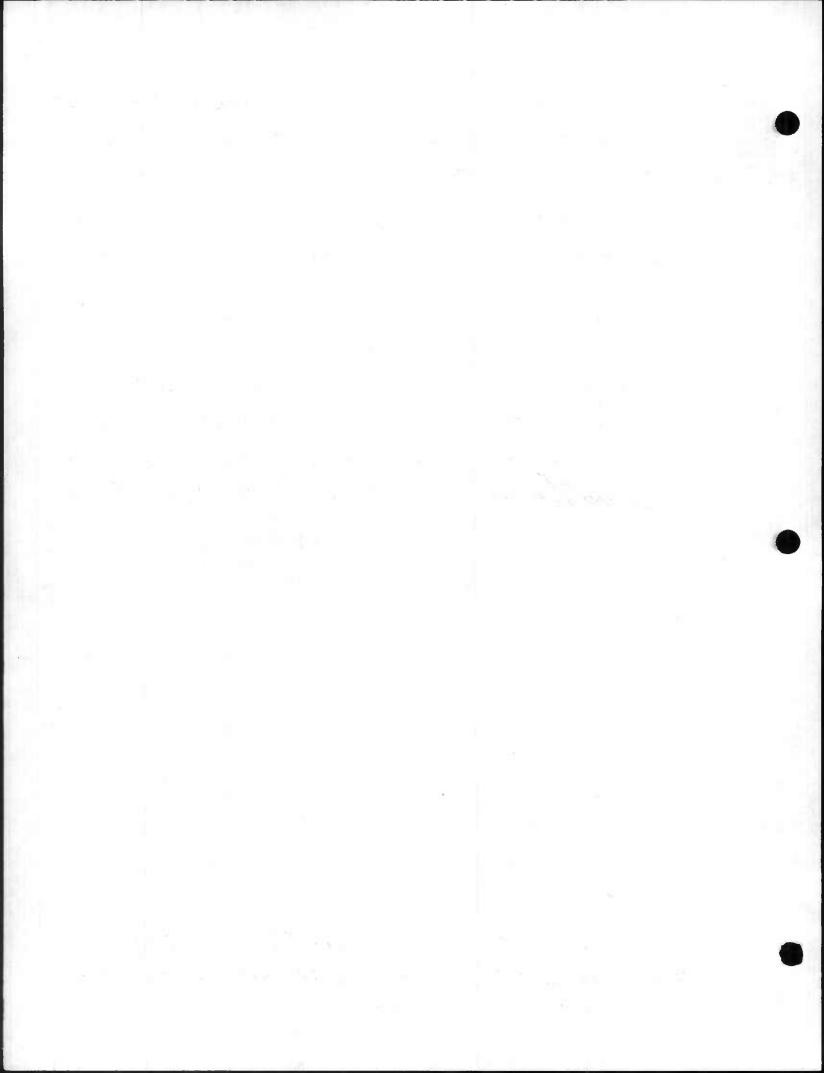
30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

29b. Signeture end title of certifier

Montrose Rd., Rockulle MD MD2 6105 32. Registrer's Signature

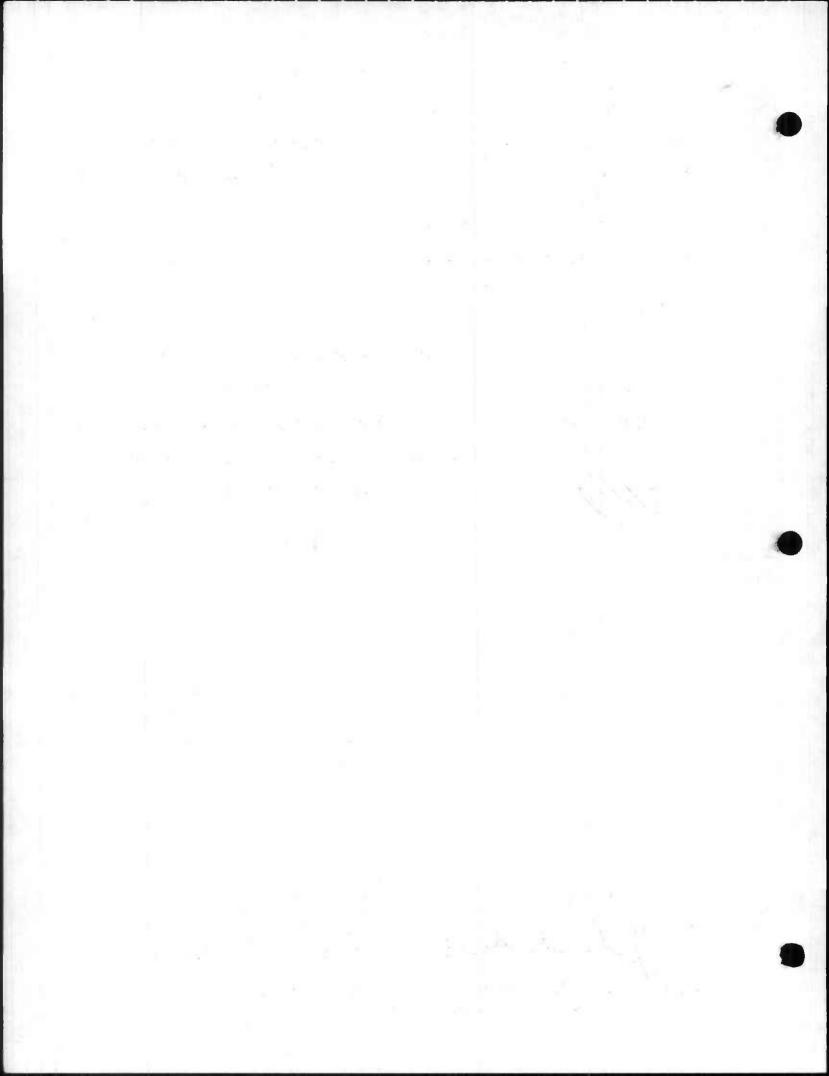
29c. License number

29d. Date signed (Month, Dey, Year)



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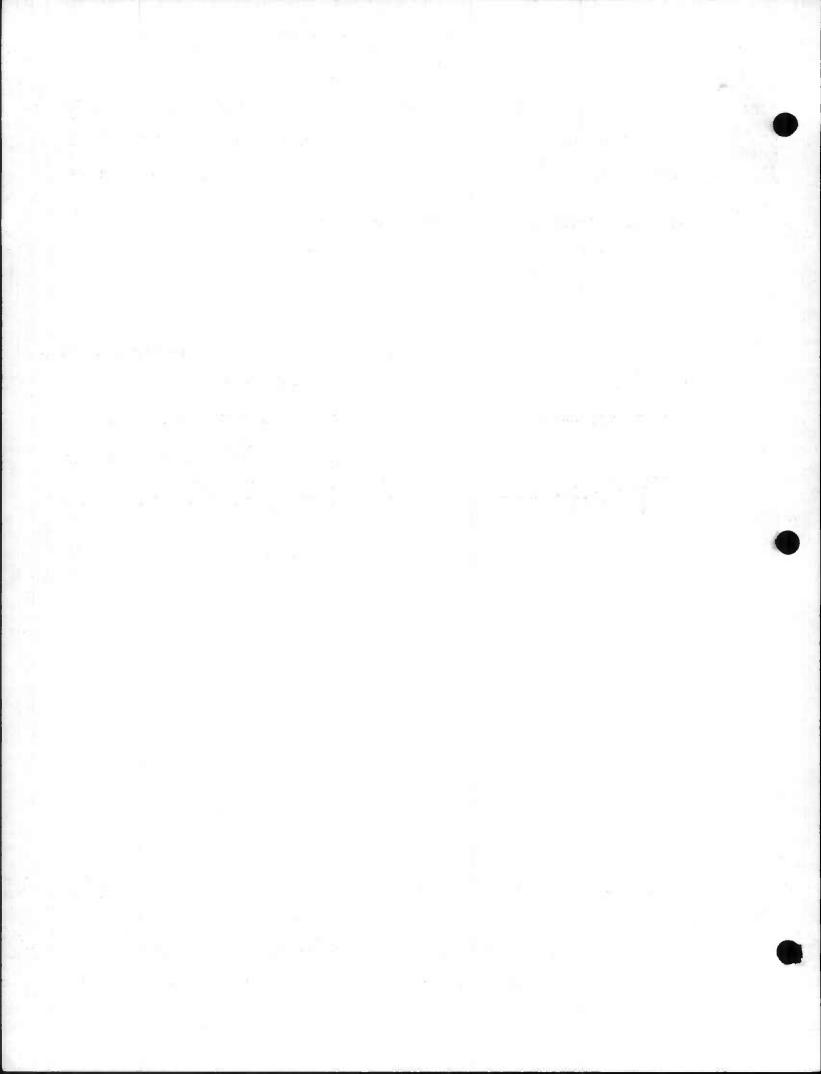
								Certific	ate of	Death		R	eg. No.		0400	
	Dharaia		1. Decedent's Name (First,	Middle, Le	st)							2. Dete of Dea Month		Vaar	3. Time of Death	
	Physic /Medi		RUTH			HERS	ON					MARCH 16, 1997		Yeer 7		
1	= Exami		4a. Facility Name (If not ins	titution, giv	e street end numb				1	4b. City, To	wn, or L	ocation of Death	4c. County			
			SHADY GROVE	ADVEN'	TIST HOS	PITAL				ROCKV	ILLE	3	MONTY	GOMEF	RY	
	Funeral	Г	5. Sociel Security Number	6. S	ex 7.	Age (In yrs.	lest birth	day) If Un	der 1 Year	If Under		8. Date of Birth (Month, Dey			place (Stete or Foreign intry)	
di i	Director		577-01-7100 Usual Residence of Decede		□ M 2ÅF	79	Υ	rs.	Days	Hours	WIII I.	01/03/1	918	NEW	YORK	
	show	_	10a. State 10b. C	ounty		10c. Ci	ty, Town	or Location				, FIF			10d. Inside City Limits	
	Sa-f	Director		VIGOM	ERY	SIL	VER :	SPRING	}						1 ☐ Yes 2 🗓 No	
	ith to	D L	10e. Street end Number					10f.	Zip Code			1	0g. Citizen of	What Cou	intry?	
	death with the Mar rs 23a or 28a-f st rust be notified	ra.	1131 UNIVERS	ITY B						0902			U.S.	.A.	100	
Maryland 21215-0020	d within 72 hours after death with the Manyland jiens. Than "naturel", or Items 23a or 28a-f show than Madical Examiner must be notified at	by Funeral	11. Merital Status 1 ☐ Never Married 2 ☐ 3 ☐∰Vidowed 4 ☐ Div		12. Was Decede Armed Force 1 Tes 2 If Yes, Give Year or Date	is? XINo	l,S.			Hispanic Original, Mexican Specify:	gin? (Sp i, Puerto	ecify Yes or No- Rican, etc.)	Bla	ce - Ameri ick, White, fy: WHI		
2	72 hg	ted	15. Dec (Specify only	edent's Ed	lucation		16a. [Decedent's U	suei Occu	petion			16b. Kind of B	lusiness/ir	ndustry	
7	within ena. than "r	Completed	Elementary/Secondary (0		College (1-4	or 5+)	(Give kind of life. DO NO	T use retire	during most	or work	ing				
5	Hygien ther the	Con	12				EX	ECUTIV	E ASS	SISTAN	T		SERVI	CE		
2	tal Hygid d other	Be	17. Father's Neme (First, M	ddle, Last)						18. Mothe	r's Nam	e (First, Middle, I	Maiden Suman	ne)		
Na Na	Men Men arka	2	BEN SHAPI	30						GU	SSIE	LERNER				
व	2 sho		19a. Informent's Name/Rela	tionship (7	ype, Print)		19b.	Mailing Addr	ess (Stree	t end Numbe	er or Run	al Route Number	, City or Town	, Stete, Zij	p Code)	
			MICHAEL HERS	ON/SOI	N					SA CO	URT,	GAITHE	RSBURG	, MD	20878	
0	of H of H		20e. Method of Disposition 1 Burial 2 ☐ Crema	tion 3 🗆	Removal from Sta		Piece of I cemetery	Disposition (i	Veme of or other ple	ica)		Date	20c. Location	- City or T	own, State	
	Pag ment ant: i		4 □ Donation 5 □ Ott	er (Specify	')	BE	TH SI	HALOM	CONG	CEM.	C	3/18	WASHING	STON,	D.C.	
bailimore,	permit. Pages 1 an Department of Heal Important: if item 2 any injury or other once.		21. Signature of Funeral S 23a. Part. Enter the diega shock, or heart failure		ED	WARD	ss of Facilit SAGEL	FIN	JERAL DI	RECTION	V					
J.	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)		e SEPTI	C SHOO	CK-	onsequenca (ACUTE	
	D #	ine		b. ABDOMI	NAT. TI	TE ECT	PTON						178	CUTE &		
,	riticate be axecuted ng physician and as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		0. 1000111	(or es a consequenca of):							CHRONIC			
,00100	ate be hysicla the bur	edical			(or es e consequence of):											
	E D G	Σ!		L	d									1		
2	death ce	cla	Port II Other elemificant as	distance	maniferrations and market	. h	. la! 1 - 4					L cot Bliss				
)	that the death ce- led by the attendir detached for use	Physician/	Pert II. Other significent co	iditions co	intributing to death	DUI NOI Fes	uiting in t	ne underlyin	g cause gr	ven in Part I.					o the cause of death?	
necords,	requires been sign should be	Completed by										24a. Was a perform	n autopsy ned?	ev	fere autopsy findings veileble prior to ompletion of cause deeth?	
		Com										1 □ Ye	s 2 No	11	☐ Yes 2☐ No	
	r this certificate	Be	25. Was case referred to me examiner?								of Death	h (Check only on	ө)			
	nysic li dire	2	1 ☐ Yes 2X No		Hospitei: 1 □ X npa	tient 2 🗆	ER/Outp	atient 3	DOA Ott	ner: 4□ Nui	rsing Ho	me 5 Reside	nca 6 Oth	ner (Specia	fy)	
	Afte Fund		27. Manner of Death 1 Natural 5 □ P	ending vestigation	28a. Date of tr (Month, L	jury Day Year)	28b. Tir Inj		28c. Inju Wo	ryet rk? ∣Yes 2 🗆 N		28d. Describe ho	w Injury occur	red		
	Direct in by	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. Place of injury - At h building, etc. (Specific					n, street, fact	ory, office			28f. Location (St City or Town	reet end Numb , Stete)	er or Run	al Route Number,	
dans.	24 hours of Funeral lately filled	edical	29a. Certifier 1 Cer (Check only 2 Med	tifying Phy licat Exami	rsician: To the besiner: On the basis and menner	of examinal	wledge, o	death occurre or investigati	ed at the ti	me, date and opinion, deet	d placa, a	and due to the ca ed at the time, da	use(s) and ma ite end pleca,	anner es s and due t	stated. o the cause(s)	
40 07	vithin 2 Fo the	_	29b. Signature and title of	rtifier	0 0			1	29c. Licens	se number		25	d. Date signe	d (Month,	Dey, Year)	
,	10		> John	- /	S. A	aix			10493	BD			ARCH 16			
	·		30. Name and address of pe		ompleted cause of			ype, Print)				1.2				
	Sta	le	31. Date filed (Month, Day,	80 'ear)		MILL starts Signe	ROAD	, ROCK	(VILL)	E, MD	208	351				
	Senistr.			1997	Aug.	Davidsor	-gan	delle								



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							C	ertificate o	f Dea	th		Reg. No.		
			1. Decedent's Nam	a (First, Middla, La	rst)						2. Data of D			3. Tima of Death
и	Physic				ABRAH	ам на	IM HOCK	IBERC			Month MARCH	10. 1	Yaar 997	1:35pm
	/Medi Examir		4e. Facility Nama (i	If not institution, git			LLII IIOOI	IDERG	4b. City	Town, or L	ocation of Dea		ity of Death	
	LAGIIII	161	3300 SHT	RLEY LAN	F				CHE	VY CH.	ACE		GOMER	
			5. Social Sacurity N		Sax	7. Ana //n s	rs. last birthde) If Undar 1 Ya	1	dar 24 Hrs.	8. Date of B			
н	Funeral Director				1 X M 2 □ F	r.r.ga (m)	Van	Months Dey			(Month, D	ay, Yaar)	Cou	placa (Stata or Foreign
	Director		577 48 2 Usual Rasidanca o				91 Yrs.				MAY 9,	1905	P	OLAND
	Pue Ma		10a. Stata	10b. County		10c.	City, Town or	Location					1	10d. inside City Limits
	Many fish	0		1/01/mg o										XXYas 2 No
	288 288	Director	MARY LAND 10e. Street and Nu	MONTGO	MERY		CHEVY (40- OW	4145-1-01	-1.0
	5 0 8							10f. Zip Code				10g. Citizen o		ntry r
	in 72 hours after death with the Marylend "natural", or items 23s or 28s-f show legical Examiner must be notified at	Funeral	3300 SHIR	LEY LANE	T				20815				.S.A.	
	er de	Š	11. Maritel Status		Armed F		n U,S. 13	. Was Decedant of If Yas, specify C	f Hispanic uban, Maxi	Origin? (Sp ican, Puant	pacify Yas or N Rican, atc.)	0- 14. R	aca - Ameri lack, Whita,	
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a	and and la me		19a. Informent's No		*		19b. Ma	ling Address (Stre	et and Nu	mber or Ru	ral Routa Numi	ber, City or Tow	n, Stata, Zij	Coda)
	DENA		MARILYN H	AMMERMAN,	DAUGHT	ER	11509	WEST HI	LLL DI	R. RO	CKVILLE	, MD.	20852	
re	oth		20a. Mathod of Disp					oosition (Nama of amatory or othar p	viaca i		3/Pate	20c. Location	- City or To	own, State
Baltimore,	permit, Pages 1 an Department of Heali Important: If itam 2 any Injury or other once.			☐ Cramation 3 ☐ 5 ☐ Othar (Spaci				D MEMORI	-	1		FALLS	CHIDC	н ул
=	artm orta		21. Signature of Fu		•	IV.		22. Nama and Add			2771	TADDO	CHORC	n, va.
m	Depariment Department of the sany from once.		D P. Y	011-				VES-PEAR	RSON I	FUNER	AL HOME	S		
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	ng pt	Jed	rasulting in data(i)	Last										
XO	- 6 -	2			d		-						i	
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0.0	the sche	hys			onthouting to c	Juan Dar Hor	rosulting in tha	undanying causa	giverinira	att 1.		Yes 25 No		
	The law requires that the ste has been signed by the page 2 should be detech	by P									1) 168 2 NO	3 10	bably 4 Unknown
Sp.	uires sign	d b									24a Wa	s an autopsy	24b. W	ara autopsy findings
Ö	v require been si should	ete									perl	omed?	ev	vailabla prior to empletion of causa
3e	has l	du											of	daath?
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ij	Physician: Th this certificate and director, pag	Be	25. Wes casa rafar axaminar?	rad to medical					26. PI	eca of Dea	th (Check only	ona)		
	5 00	2	1 Yas 2	No	Hospital: 1	Inpatient 2	ER/Outpati	ent 3 DOA	Othar: 4	Nursing Ho	oma 5 Ras	sidanca 6 🗆 O	thar (Specia	(y)
Division of Vital Records,	ig Pi		27. Mannar of Death	h 5 ☐ Pending	28a. Data	of Injury oth, Day Year	28b. Tima Injury		jury at	I	28d. Dascribe	how Injury occ	urred	
<u></u>	ath.	atic	2 Accidant	invastigatio		,,	,,,		☐ Yas 2	□No				
<u>S</u>	After de ecto	Ific	3 ☐ Suicide 4 ☐ Homicida	6 Could not b datarmined	a 28a. Plac	e of Injury - A	t homa, farm, s	traet, factory, offic	a				nber or Rura	al Routa Number,
	s after	Certification:	4 D Homolog		Dulid	ing, atc. (Sp	aciry)				Chy or 10	wn, Stata)		
	To the Hospital or Attending Phy within Ed hours after death. To the Funeral Director: After thi completely filled in by the funeral		29a. Certifiar	Certifying Ph	yalclan: To the	a bast of my l	nowledga, das	th occurred et tha	tima, data	and plece,	end dua to the	causa(s) and r	nenner as s	stated.
	• Ho • Fu	edical	(Check only one)	2 ☐ Madical Exar	ninar: On the b	pasis of axam nnar stated.	ination and/or I	nvastigation, In my	y opinion, o	daath occur	red at tha tima	, data and place	t, and due to	o tha causa(s)
	omp	M	29b. Signatura and	title of certifiar				29c. Lica	nsa numb	er er		29d. Data sign	ned (Month,	Day, Year)
					1 ,	un D'	1 4		110	41				
	22		20 Name === 1 - 11		sory of	M. Kus	mos) /	1.00	117	76		3/1	0/4/	
			30. Name end addr	ass of person who San Cord th, Dey, Year) MAR 1	completed cau	sa of death (I	tem 23a) (Type	, Print)		4. 4	Mar A.	A 4	42.0.2	~/3
			31. Data filad (Mont	Dantord	raich m	an n	0 1021	1 Ternwoo	d Kou	d Suit	901-4	Bethesd	11020	01/
	Sta Registr		Data mad (MOI)	MAR 1	7 1007	TOGISTI BI S	dia Maria	. 10. 0						
	negisti	aı		aiuti T	1 100/	14	me wanter	on-Nador						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death

4	Physician /Medical Examiner
	Funeral

21215-0020 ò natural', I Hygiene. traumatic event. Baltimore, Maryland permit. Pages 1 end 2 should be filk Department of Health end Mental Hy Important: If Item 27 is marked othen y Injury or other traumatic event

The law requires that the deeth certificate be executed pue Box 68760. nding physician use es the burie Division of Vital Records, P.O. signed by the d certificate or Attanding Physician: After this

1. Decedent's Name (First, Middle, Last) 3. Time of Death Month March 16, 1997 1:10 p. Michael L. Isreal 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death ROCKVIIII

If Under 24 Hrs.

Hours Min.

Trine 2,1939 410 McLane Court MONTGOMERY 5. Social Security Number if Under 1 Year 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country)
MISSOURI Days 1 2 M 2 □ F 214-36-3189 Yrs Director Usual Residence of Decedent death with the Maryland 10a, State 10b. County 10c. City, Town or Location must be notified at 10d. Inside City Limits Director Montgomery Rockville No 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 410 McLane Court 20850 U.S.A. items 2 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, The Medical Examiner Black. White, etc. Pages 1 end 2 should be filed within 72 hours after XYes 2 No 1 Yes, Give Year or Dates: 65-67 1 Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: p Specify Black 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th School Bus Driver Montg. Co. Schools 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Clarence Isreal, Sr. Florence Burton 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Robert B. Isreal (Brother) 407 McLane Ct., Rockville, MD 20850 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremation 3 □ Removal from State Lincoln Park Cem. 3/22/97 Rockville, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatury of Funeral Service Lipensee, 22. Name and Address of Facility
SNOWDEN FUNERAL HOME, P.A. nowalu ROCKVILLE, MD 20850 23a. Part 1. Enter to disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. **Physiclan** /Medical Immediate Cause (Final · MYOCARDIAL INFARCTION disease or condition resulting in death) Examiner Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as e consequença of): Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? 1 Yes 2 AND 1 ∏Yes 2 □ No Be 25. Was case referred to medical 26. Piece of Death (Check only one) Hospital: 1 | Inpatient 2 | EP/Outpatient 3 | DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 Yes 2 No 28a. Date of Injury (Month, Dey Year) 27. Menner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending investigation s effer dea.

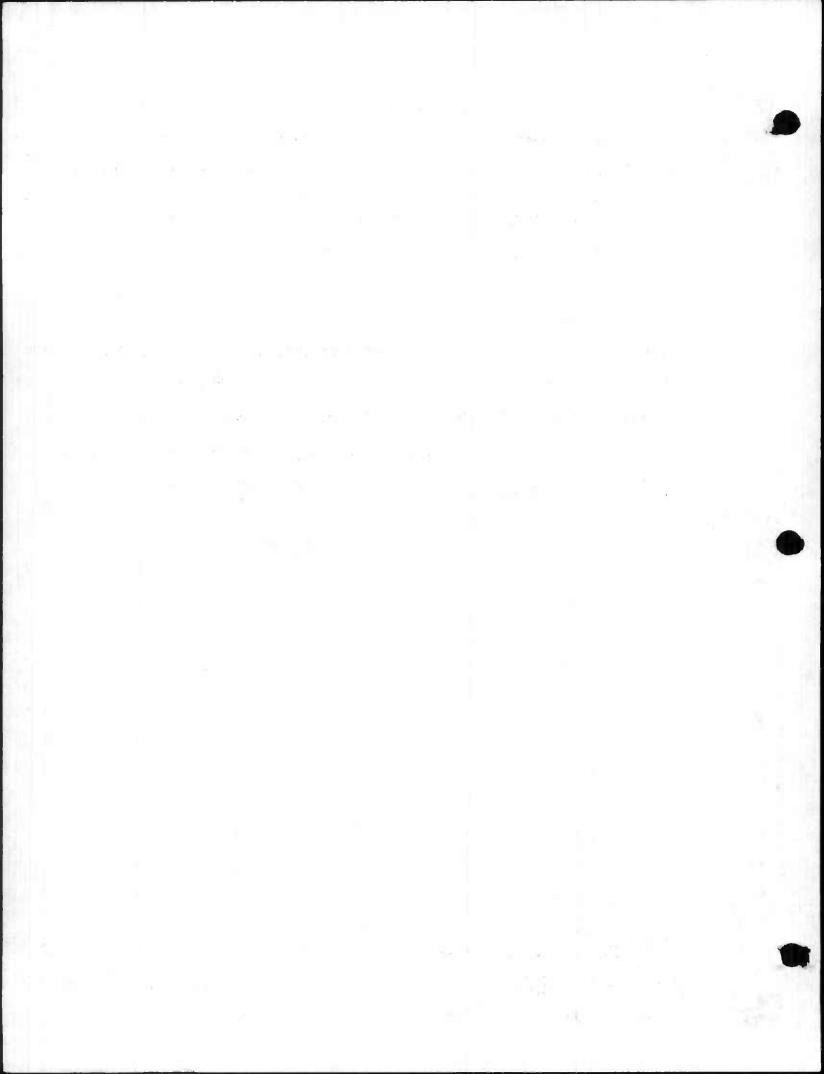
*I Director: A 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours of To the Funeral Di completely filled In the Hospital 29a. Certifier Medical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) DO7099 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) FERNWOODARD BETHESDA MOZO RAWCIS 39. Registrar's Signeture 31. Date filed (Month, Dey, Year)

DHMH 16 Rev 6/95

State

Registrar

MAR 1 9 1997



BALTIMORE, MARYLAND 21215-0020

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DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Page 6 may be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, case, 5 should be detached for use, as the burial transit narmeit narmeit pages 1 2 a phosid
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

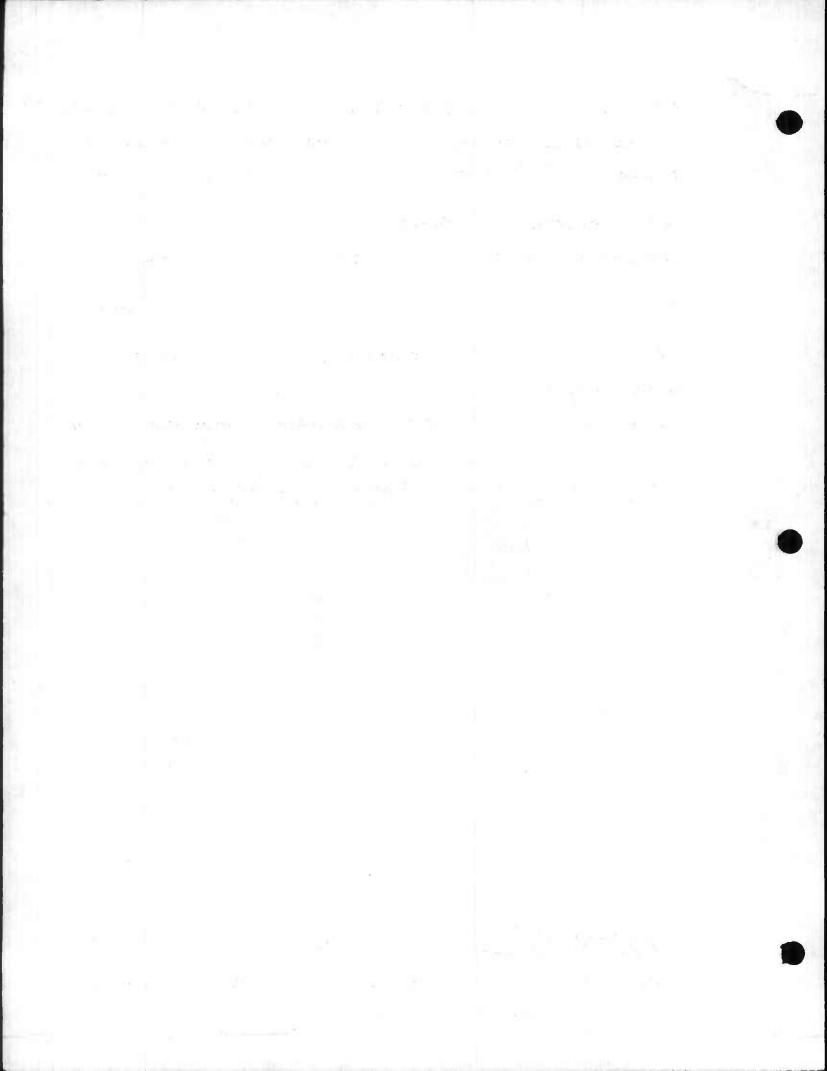
7	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	HEALTH AND	MENTAL HYGIEN	E			
	1. OECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEATH		3. TIME OF GEATH		
	GARY LANE	JESSOP				March 25,	1997 YEA			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign		
	217-42-9470	1 💢 M 2 🗆 F	52 YRS.	MONTHS DAYS	HOURS MIN.	May 10,19	44 Ma	ountry) arvland		
	9a. FACILITY HAME (If not institution, give			9b. CITY, TOWN O	OR LOCATION OF C		9c. COUNTY C			
O.	60 West Oak Ridg	je Drive		Hagers	town		Washi	ington		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ry	10c CIT	Y, TOWN OR LOCAT	TION .					
E	Maryland Wash	nington		gerstown				10d. IHSIDE CITY LIMITS?		
	10e. STREET AHO NUMBER		1,0,		. ZIP CODE		100 CITIZEN	1 VES 2 X HO DF WHAT COUNTRY?		
FUNERAL	11515 Rock Hill R	≀d.			21740		USA	or what country		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS DEC	ENDEHT OF HISPA	NIC ORIGIN? (Specify Yes		RACE — American Indian.		
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexic 2 X HO Speci	an, Puerto Rican, etc.)		Black, White, etc.		
						<u> </u>		White		
COMPLETED	15. DECEOENT'S EOL (Specify only highest grade	CATION s completed)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPATION WORK done during mo retired.)	ON st of working	16b. KIHD OF BUS	HESS/INDUSTR	NY .		
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	Grinde			2 100+2	tair Ma	anufacturer		
MO	17. FATHER'S HAME (First, Middle, Last)		01 111001		40 4407115010 11	AME (First, Middle, Maiden		maracrarer		
	Charles Rufus Je	essop				Margaret G				
BE (19a. INFORMANT'S NAME (Type/Print)	-	19b, MAILING	ADDRESS (Street a		Route Number, City or Town		1		
2	Phyllis Evelyn J	essop	1151!	5 Rock H	ill Rd.	Hagerstown	,MD 217	40		
	20a. METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Ram	20t	. PLACE AND DATE O		me of	OATE 20c, LO	CATION City o	r Town, Stata		
	4 Donation 5 Other (Specify)	I S	metery, cremetory or ot mithsburg	g Cremat	ory Mar.	.25,1997 Sm	ithsbur	g, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LI	DEMOSE /		22. NAME AN	ID ADDRESS OF FA	al Home		21795		
- 3	(Leew)	(Celan		425 S	.Conocoo	cheague St.	William			
	23. PART I. Enter the disesses, or	complications that cause List only one cause on a	d the death. Do n	ot antar tha mo	da of dying, suc	ch se cardiac or reapi	ratory srrest,	Approximate		
1	IMMEDIATE CAUSE (Final	List only one cause on a	lacit iiiig.					Interval Between Onset and Death		
	disease or condition resulting in death)	. Self Infli			and to H	ead		moments		
Ì		DUE TO (OR AS A	A CONSEQUENCE OF	7):						
CERTIFICATION	Sequentially list conditions,	bDUE TO (OR AS (COHSEQUENCE OF	٠.						
¥	if any, lasding to immediata cause. Enter UNDERLYING			,.						
Ĕ	CAUSE (Disesse or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):						
	resulting in death) LAST	d								
AL C	PART II. Other aignificant condition	na contributing to death b	out not reaulting is	n the underlying	cause given in	Part I. 24e, WAS AN	MITOPEY	24b. WERE AUTOPSY FINDINGS		
5		_				PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
밀						1 YE\$ 2	NO NO	OF DEATH?		
١	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YE	S D NO XX	UNCERTAIL	\square		1 YES 2 NO		
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEAT							
Sic	1 A YES 2 HO	HOSPITAL: 1 Inpatient 2 ER/Outp	petient 3 DOA	OTHER: 4 Nursing Home	5 🗆 Residence	6 K Other (Specify)	Duvinag	e Corn		
PHYSICIAN: MEDIC	27. MAHHER OF DEATH	28s. OATE OF INJURY (Month, Day, Year)	26b. TIME	OF A 28c. INJU	JRY AT	28d. DESCRIBE HOW IN				
B	1 Natural 5 Pending 2 Accident Investigation	March 25,	1997 2:	10" 1□Y	ES 2 NO	self inflicte	ed gunsho	ot wound to head		
	3 K Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IHJURY building, atc. (Spec	спу)			281. LOCATION (Street as City or Town, State)	nd Number or Rui	ral Route Number,		
Ē,	an arrayers	Duvinage Cor				Duvinage Cor		k Ridge Dr		
절	(Check only 1 CERTIFYING PHYS)	ICIAN: To the best of my know	ledge, dasth occurre	d at the time, date	and place, and due	to the cause(s) and man	ner as stated.			
COMPLETED		R: On the basis of examination	n and/or investigation	i, in my opinion, de	esth occured at the	time, data and place, and	dua to the caus	se(s) and manner as stated.		
H H	296, SIGNATURE OF CERTIFIE	1, 9.4			29c. LICENSE NUI	MBER		IED (Month, Day, Year)		
၉	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM AT)	(Palas)	D01062		March	n 25, 1997		
- 8	Edward W. Ditto, I									
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNA		asningto	u ot. I	St. Hagerstown, Md 21740				
	MAR 2 / 1997	John Student	Calif							



State of Maryland / Department of Health and Mental Hygiene

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	0	4	J	7

		4 December 1 Alice (FT)		.1								Reg. No.		
Physicia		1. Decedant's Nama (First	r, Middia, La	ist)	. 7	ACOL	25/	11/			2. Data of D Month	Day	Year	3. Time of Dea
/Medica		4a. Facility Nama (If not in	stitution aiv	a street and n		MOUL) -0		4h City To	wn orl	MARC ocation of Da		unty of Daath	4,00
Examine	er													
· · · · · · · ·		Washington 5. Social Sacurity Number	Adver 6. S			s. last birthday)	If Und	ar 1 Yaar	Takom If Under	a Pa		Midth	ontgom	ery
uneral irector		The second second		1□M 2⊠F	93	Yrs.	Months		Hours	Min.	8. Data of E (Month, L		Cou	placa (Stata or Fo
	-	078-24-8815 Usual Rasidance of Daced	lant		93				1		Jan. 2	7,1904	Norw	ay
MOM W		10a. Stata 10b. (County		10c. C	ity, Town or Lo	ocation							10d. Insida City Li
28a-f show	to	Maryland Mo	ontgon	nerv	Та	koma P	ark							11 Yas 2
128	Director	10a. Street and Number	on egon		10	Roma 1		ip Coda				10g. Citizar	of What Cour	ntry?
ag i		514 Domer A	707110	Apt.	202			20912				NT -		
EB	Funeral	11. Marital Status	Venue	12. Was De	cedant Evar in I	U,S. 13.				gin? (Sp	ecify Yas or N Rican, atc.)	lo- 14.	Way Race - Amark	
A SO	교	1 Navar Married 2	Marriad	Armed F	2 √No					, Puarto	Hican, atc.)		Black, Whita, atc.	
- E	þ	3 ☑ Widowed 4 ☐ Di	vorced	If Yas, G Yaar or	Datas:		1 ☐ Yas 2 ☐ No Specify:					Sp	Specify: White	
alcal.	Completed	15. De	ecedent's Ec	ducetion ada complatad	()	16a. Dece	16a. Decedant's Usual Occup-			pation			16b. Kind of Business/In	
Mer	npie	Elamentery/Secondary ((1-4or 5+)	life.				during most of working ed)				
202	Ö	8				Hon	nemak	er				Own	Home	
d off	Be	17. Fathar's Nama (First, A	Aiddla, Last))			18. Mothar's Nama (First, Middla, Maidan Surnama)							
arke atic	2	Ludvig Hu	ınsbed	lt			Sara Carlson							
E E E		19a. Informant's Name/Ra	lationship (Type, Print)		19b. Maili	ng Addras	ss (Straat	and Numbe	er or Run	al Routa Num	ber, City or To	own, Stata, Zip	Coda)
n 27		Jack Jacobso	on			10917	Beln	nont	Boule	vard	Lort	on, Vir	ginia	22079
reporting the result and where it reports the "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Exeminer must be notified at ODCs.		20a. Mathod of Disposition 1₺ Burlal 2 ☐ Cram		Domaval from		Piace of Dispo cematary, crai	osition (Na matory or	ama of othar plac	ce)		Data	20c. Locat	ion - City or To	own, Stata
ury c		4 Donation 5 O	thar (Spacify	y)		klawn l	Memoi	rial	Park	19	/20/97	Rocky	illa M	aryland
importa any inj		21. Signetura of Funaral S	ervice Licen	nsee	-	22	2. Nama a	and Addras	ss of Facility	у				aryranu
EEE		Maria	5	0.		F	ranci	is J.	Coll	ins	Funera	1 Home	, Inc.	
		23a. Part1 Enter the disease shock or heart failure	ase, or comp	plications that	X		UU UI	niver	S1tv_	Blvc	W S	ilver	Spring	MD 2090
slcian		Bridge, or fleatt lating			used tha das	th. Do not ant	tar Iha mo	da of dyln	g, such as	cerdiac	or raspiratory	arrast,		Approximata
			a. List only	ona causa on	eech lina.	ith. Do not ani	tar Iha mo	oda of dyln	g, such as	cerdiac	or raspiratory	arrast,		Approximata tntarval Betwea Onsat and Daar
ledical		Immediata Causa (Final	a. List only								or raspiratory	arrast,		Approximata totarval Betwee Onsat and Dael
ledical aminer			a. List only		YOCAR	Bian	11	BAR			or raspiratory	arrast,		Approximata tritarval Betwee Onsat and Daa
aminer	ner	Immediata Causa (Final disaasa or condition	a. List only		YOCAR		11	BAR			or raspiratory	arrast,		Approximata Interval Between Onsat and Daa
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Day Year ARTHA JACKSON 13, 1997 MARCH 9:16 PM /Medical 4a. Facility Name (If not institution, give straat and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY If Under 24 Hrs. 5. Social Sacurity Number 6. Sex 7. Aga (In yrs. last birthday) If Under 1 Yaar 8. Date of Birth (Month, Day, Year) 9. Birthplaca (State or Foreign Country)

Marvland **Funeral** 1 M 2 DXF Months Days Hours 86 218-38-9460 Yrs. Director Dec. 10,1910 Usual Residence of Decedent with the Maryland 10b. County 10c. City, Town or Location ai', or items 23a or 28a-f show Examiner naut be notified at 10d. Inside City Limits Director MD ¥ Yes 2 No Montgomery Germantown 10e. Street and Numbar 10f. Zip Code 10g. Citizen of What Country? 15009 Darnestown Road 20874 U.S.A. Funeral death 12. Was Dacedent Ever in U.S. 13. Was Dacedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Armed Forcas? 1 ☐ Yas 2 🛂 No Pages 1 and 2 should be filed within 72 hours after neal of Health and Mertel Hygiene.
nt: if item 27 is marked other than "natural; or file nry or other traumatic event, if a Medical Earning nry or other traumatic event, if a Medical Earning. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Black þ XIXWidowed 4 Divorced Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) 4th Housewife None 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Clarence McDonald Julia Clipper 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Benjamin D. Jackson (Son) 8601 Warfield Rd., Gaithersburg, MD 20882 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cramatory or other place) Date 20c. Location - City or Town, State permit. Pages
Department of H
Important: If ite
any injury or ot 1 ⊠ Burial 2 ☐ Cremation 3 ☐ Removal from State 3/17/97 Germantown, MD Seneca Church Cem. 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name and Address of Facility
SNOWDEN FUNERAL HOME, P.A. Synatura of Funeral Sarvice License ROCKVILLE, MD 20850 23a. Part 1. Enter the disease or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final SUBARACHNOID HEMORRHAGE 12 hours disease or condition resulting in death) Examiner HY PERTENSION Physician/Medical Examiner 20 Years The lew requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Due to (or as e consequença of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performad? certificate hes To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 20 No 1 Npatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation 1 Naturai 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 140240 MARCH 13, 1997

State Registrar

31. Date filed (Month, Day, Year)

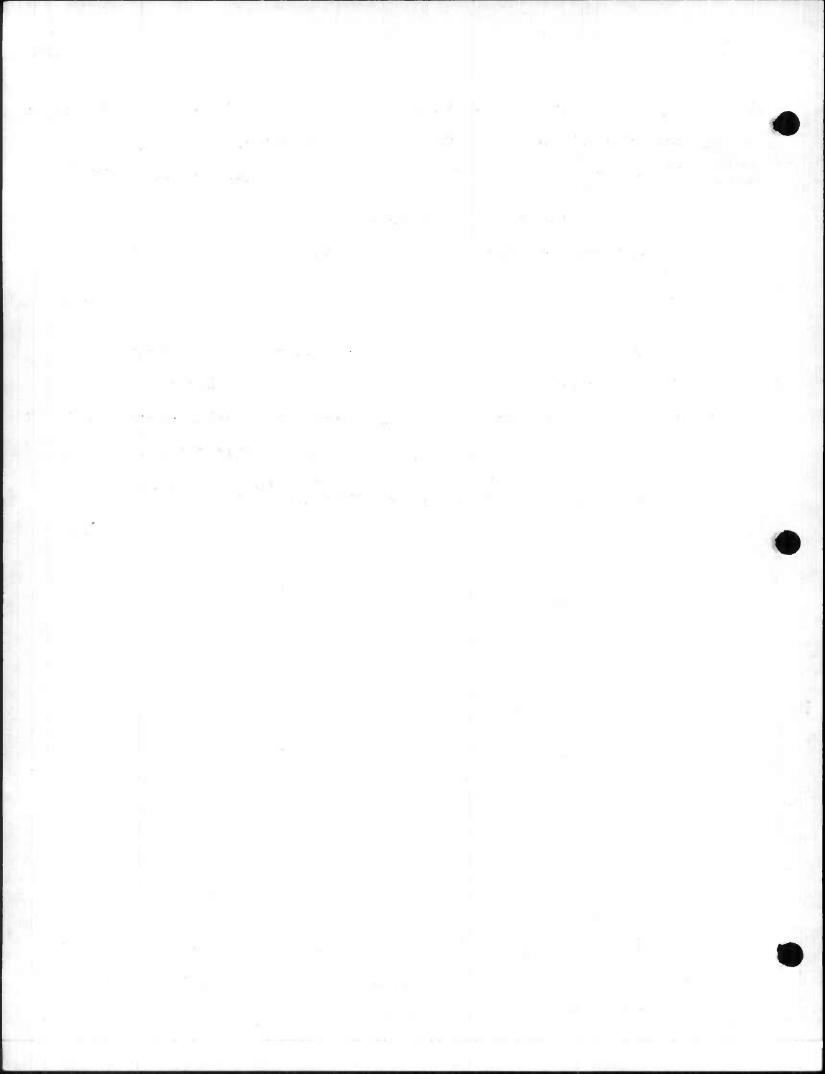
MAR 1 8 1997

ANDREA MUKENZIE, M.D

30 Name and address of person who completed cause of death (Item 23a) (Type, Print)

32 Registrar's Signature Lika Savidson

12850 Middlebrook Rd # 108 Germantown MD 20874



State of Maryland / Department of Health and Mental Hygiene

Physician
/Medical
Examiner

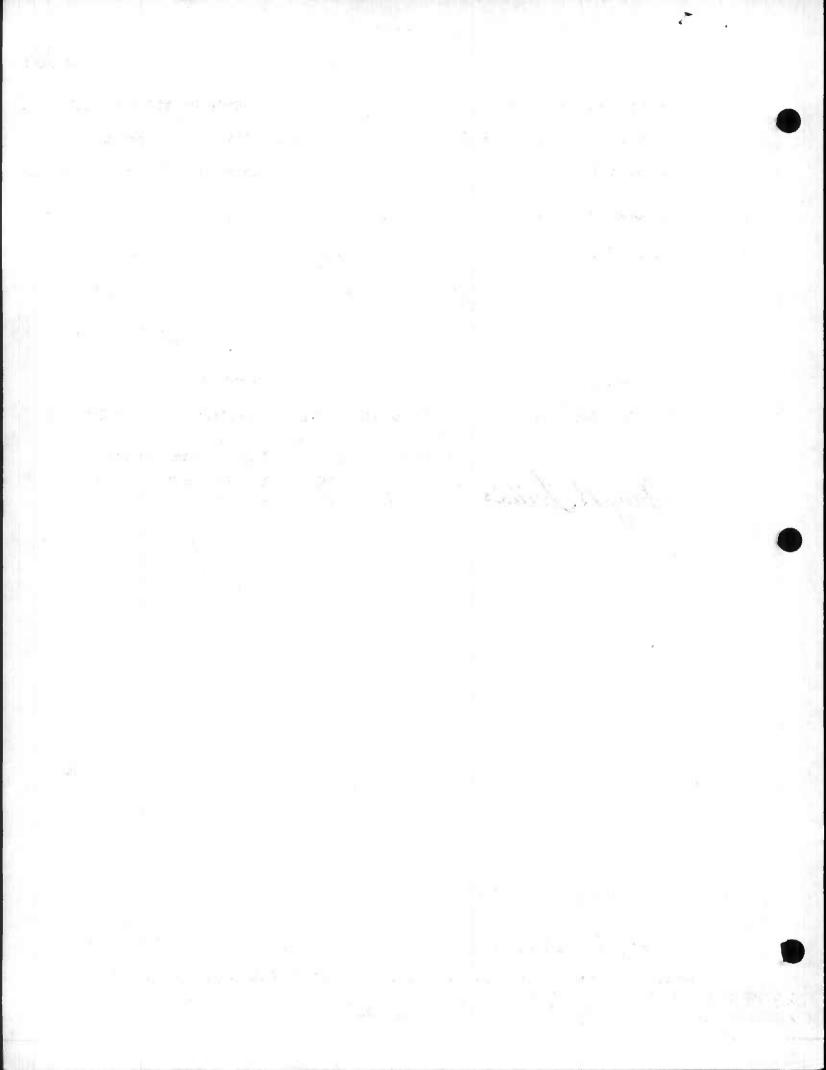
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hygiene.

Baltimore, Maryland 21215-0020

Phys /Me Exar

To the Hospital or Attanding Physician: The law requires that the death certificete be executed within 24 hours after death. Division of Vital Records, P.O. Box 68760,

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cal	Robert New		-							Februa	ry 27	, 1997	12:05 p.
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	112 Bayview	Driv	•			Mille	der 1 Yea		sonv:			Queen .	
	5. Social Security Number 221-36-0048 Usuel Residence of Decedent	10	XM 2□F	7. Age (In yr.		Month			Min.	8. Date of Bi (Month, D Septemb	er 21	9. Birth Col 1950	hplece (Stete or Fore untry) Delawar
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ō	Maryland Qu	ieen .	Annes	Gı	rasonv	ville							1 □ Yes 2 □
Director	10e. Street end Number					10f.	Zip Code				10g. Citize	n of Whet Co	untry?
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Funeral	11. Marital Status 1 □ Never Married 2 🖫 N		12. Wes Dec Armed F 1 XYes	2 🗆 No						ecify Yes or N Ricen, etc.)	0- 14.	. Race - Amer Bleck, White	e, etc.
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S	12 3			Pilot			18 Mother's Name (First		Gua				
To Be	17. Fether's Name (First, Middle, Last)					18. Mother's Name (First, Middle, Meid Kathryn Newsom						umeme)	
	19e. Informent's Name/Relation Jennifer Kir				1					el Route Numb			
	20a. Method of Disposition 1 △ Burial 2 ☐ Cremetic			Stete Do	Plece of Di cemetery, o	sposition (forematory of	Neme of or other pla	ace) Ma	arch	Date 3,19	9 7 Loca	tion - City or 1	Town, State
	4 Donation 5 Other 21. Signature of uneral Servi			lei				orial (Delawar	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				Ce	rtificate of	f Death	, , , , , ,	Reg. No.		
Dhuale	lan	1. Decedent's Name (First, Middle, L.	ast)				2. Date of De Month		Vans	3. Time of Death
Physic /Med		Bernadette Susan	KECKLER				March	25	Year 1997	7:05 PM
Exami		4a. Fecility Name (If not institution, gi	ve straet end number)			4b. City, Town, or			y of Deeth	7.05 111
March Co.		Ravenwood Luther	an Village			Hage	rstown	Wa	shing	gton
Funeral Director		214-09-7738	Sax 7. Aga (In yrs. 1 ☐ M 2 X F 97	last birthday, Yrs.	If Undar 1 Yea Months Days			y, Year)	9. Birthp Cour Penr	oiaca (State or Foraign ntry) nsylvania
and * -		Usual Residenca of Decadant 10e. State 10b. County	10c Ci	tv. Town or L	ncation					04 1 14 05 11 5
sho	5			ty, TOWN OF E					1	0d. Inside City Limits 1 Yes 2 No
the A	ect		ngton		Hagersto	JWII				
23a or 3	Funeral Director	10e. Street end Number 1183 Luther Drive			10f. Zip Code	2174	0	10g. Citizen of USA		ntry?
21215-0020 d within 72 hours after death with the Maryland giene. r than "natural", or items 23s or 28s-f show it a Moolcal Examiner must be notified at	by	11. Marital Status 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:		Was Decedant of If Yes, specify Cul 1 ☐ Yes 2 🕱 No	Hispanic Origin? (S ban, Mexican, Puart o Specify:	pecify Yas or No to Rican, etc.)		. Race - American Indian, Black, White, etc. pecify: white	
72 h	Completed	15. Decedent's E (Specify only highest gr	ducation ada completed)	16a. Dece	dant's Usual Occu	ipation	rkina	16b. Kind of B	lusinass/Inc	dustry
within iene.	npie	Elementary/Secondary (0-12)	College (1-4or 5+)	life.		a during most of wor ed)				
d 21 filed wit Hygiene ther the	000	8	0		laborer		chemical manufacture			
	Be	17. Father's Nama (First, Middle, Last)			18. Mothar's Ner	ma (First, Middla,	Maiden Sumer	ne)	
ylan buld be Mental Brked o	To	John S. Bowling				Alice	McCleaf			
Mar nd 2 sh ith end ith end 27 Is m		19a. Informent's Name/Relationship (Dorene M. Kershi	** *			at and Number or Ru ad, Hager				Code)
altimore, mit. Peges 1 ar partment of Hea portant: If item; y Injury or other		20e. Method of Disposition 1 28 Burlal 2 Cremation 3 C 4 Donation 5 Other (Spacia	TUGITOAN HOUSE STATE		osition (Nema of metory or other pla en Cemet		Date -31-97	20c. Location		wn, State
Balti permit. F Departm Importar any Injur		21. Signatura of Euneral Service Lice		2	2. Name and Addr			nagero	cowing	inary raina
		cour.	// / unsu	el 14	15 E.Wil	son Boule	vard, Ha	agersto	wn, M	d. 21740
Physician /Medicai Examiner		23a. Part1. Enter the disease, or com shock, or haert failure. List only Immediate Cause (Final disease or condition resulting in daath)	. Aon	Tic	STeu	ong, such es cardiac	or respiratory ar	rest,	10	Approximate Interval Between Onset and Death
ned Insit	Examiner		b. ————————————————————————————————————	or es a consec					6	
(68 / 60, rificate be executed ng physician end ses the burial-transit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (c	or es a consec	quence of):			10		
T Do	/Medical	that initiated events resulting in death) Last	Due to (o	r as a conseq	uance of):					
death cert e attending	ciar									
d by th	Physician/	Part II. Other eignificent conditions of	Tributing to death but not res		nderlying cause gi	iven in Part I.				the cause of death?
ovision of vital necords, P.O. BO) or Attending Physician: The law requires that the death ce after death. Director: Atter this certificate has been signed by the attendi in by the funeral director, page 2 should be detached for us.	Completed by		//				24e. Wes an autopsy performed?		cor	ore eutopsy findings bleble prior to inpletion of cause death?
The The Dage	0						1 U Y	as 2 No	10	Yes 2□ No
ysician: The l	Be	25. Was case referred to medical				28. Place of Dea	ith (Check only o			
ysici s cel direc	To	examiner? 1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpatiant 2 ☐	ER/Outpatien	t 3 DOA Ot	hor: /	ome 5□ Resid		er (Specifi	4
Attending Physician: or death. ector: Atter this certification the funeral director,		27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year)	28b. Tima of Injury	28c. Inju		28d. Describe h			9
I or Attending after death. Director: After din by the fune	Certification:	3 Suicide 6 Could not b determined	28e. Place of Injury - At he building, etc. (Specify	ome, farm, str	eet, factory, office		28f. Location (Straat and Number or Rural Route Number, City or Town, State)			
To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edicai C	29a. Certifier 1 Certifying Ph (Check only one)	yelcian: To the best of my kno ninar: On tha basis of examine and manner stated.	wledge, death tion and/or Inv	occurred at the ti restigetion, in my	ime, date and placa, opinion, deeth occur	, and due to the c rred et the time, c	ause(s) and madeta and placa,	anner as st end due to	ated. tha cause(s)
To the To the compl	Me	29b. Signature and title of certifier	(lieus)		29c. Licen:	se number		29d. Date signa	d (Month, I	Dey, Yeer)
!	-	30. Name and eddrass of person who	complated cause of deeth (Item	1 23e) (Type.	Print)	4477		110	47	7
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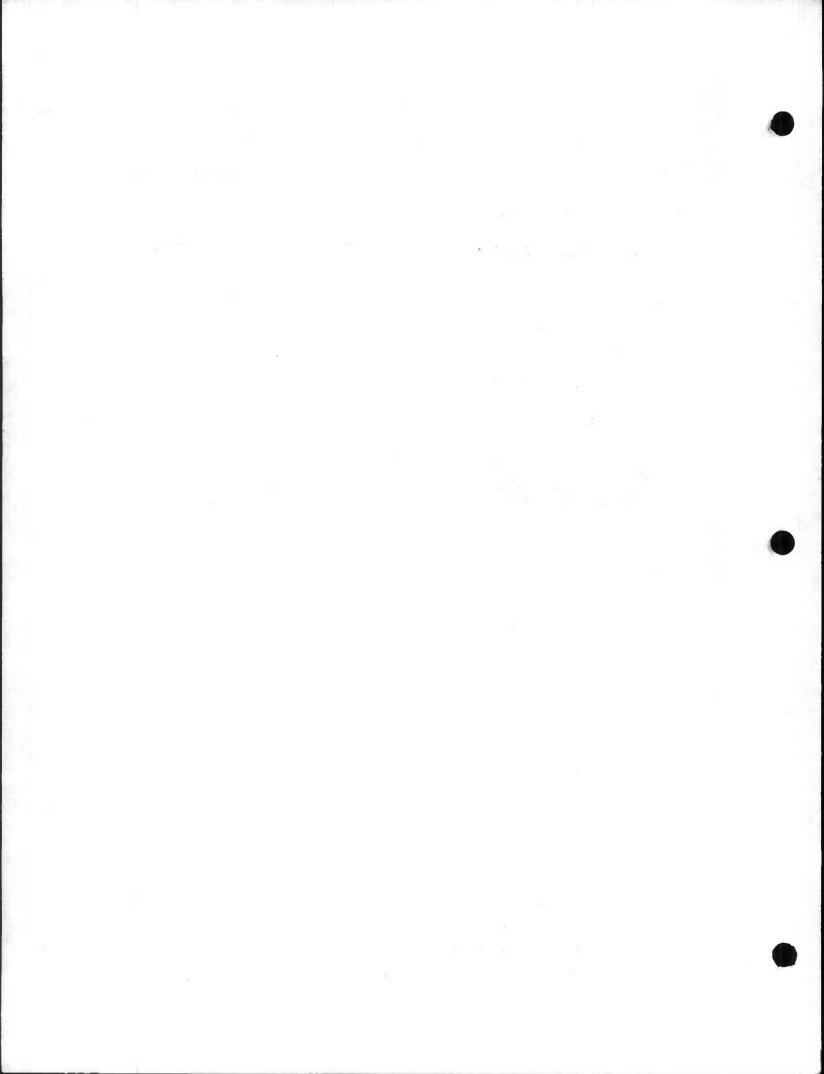
APPENDED TO THE PERSON OF THE

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3 Time of Death Month **Physician** Kraus G. Josephine 7:05 Pm Mar 1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Howard County General Hospital Columbia Howard County If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Dey, 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign **Funeral** (Month, Dey, Year) November 21, 1 M 2KX Months 83 1913 Maryland Director 216-16-5412 Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mantal Hygiens. Intent of Health and Mantal Hygiens. Intit if them 27 is marked other than "naturel", or items 23s or 28s-f show any or other traumatic event, the Mandoial Examin or mant be publised at any or other traumatic event, the Mandoial Examin or mant be publised at 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits Maryland Howard County Ellicott City 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen ot Whet Country? 3014 Oak Green Court; Apt. c 21043 USA-Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Meritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian Bleck, White, etc. 1 Yes 2X No If Yes, Give Year or Detes: 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ Nex Specify: Specify. by 3€ Widowed 4 Divorced white Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) 8th Office manager/bookkeeper roofing company 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Joseph Storm Alice Gertrude Dwyer 2 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ms. Lynn Hall/daughter 3104 West 34th Ave., #7, Anchorage, Alaska 99517 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete permit. Page Department of Important: If any Injury or once. Metro Crematory **7MAR97** Catonsville, MD 4 Donation 5 Other (Specify) 21. Signature of Funeral Servica Licenses 22. Name end Address of Fecility Slack Funeral Home, P.A. M00535 Ellicott City, Maryland 21043 23. Part 1 /Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, hock, or heart feilure. List only give cause on each line. Approximete Interval Between Onset end Deeth **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical huDer 2 weeks real cemia Examiner Due to (or es e consequence of): Examiner Un Khour acceps cancinava physician and tha burial-transit requires that the death certificate be axecuted Sequentially list conditions, it any, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that initieted events resulting in deeth) Last Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequence of): use as ò signed by the aid Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, à 24b. Were autopsy tindings eveileble prior to completion of cause ot deeth? 24a. Wes an eutopsy performed? Completed paga 2 s cartificata 1 ☐ Yes 2 1 No 1 ☐ Yes 28 No Hospital or Attending Physician: funaral director, 25. Wes cese reterred to medical examiner? 80 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28a. Dete of Injury (Month, Dey Year) 27. Menner ot Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Affair 5 Pending 1 Neturel aftar death. 1 Yes 2 No Investigetion 2 Accident 6 Could not be determined 3 Suicide 28t. Location (Straet end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, tectory, office building, etc. (Specify) 4 Homlcide 24 hours 29a. Certifier 1 Certifying Phyelclan: To the best of my knowledge, death occurred et the time, dete end plece, and due to the ceuse(s) end menner es steted. Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner steted. To the within 2 To the 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 026621 413 01 30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Center Drive, Ellicht City, Mel. Ellicott Miller 3460 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture State

alia Pavolson Kardall

DHMH 16 Rev 6/95



ate hes pege 2 s funeral director,

certificate

this

After

filled in by

Medical

or Attending effer death.

Hospital 24 hours e

To the Hosp within 24 hor To the Fune completely fi

Completed Be 2 Certification:

24a. Was an autopsy performed?

24b. Wara autopsy findings availebla prior to completion of cause of death? 2 No

26. Plece of Death (Check only ona) Other: 4 Nursing Home 5 Sesidenca 6 Other (Specify)

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Xas 2 No 27. Manner of Death 28e. Date of Injury (Month, Dey Year) 28b Time of 1 Natural 5 Pending investigation 3/10/97 2 Accident 6 Could not be datermined XX Suicide

28c. Injury et Work? Р. м 1 Yes 2 No 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify)
At reisdence

28d. Describe how injury occurred Subject ingested drugs

 28f. Location (Street end Number or Rural Route Number, City or Town, State) Gaithersburg, Md.
 18535 Bosenberry Dr. Apt. 313 1 Certifying Physician: To tha bast of my knowledge, daath occurred at tha tima, data and place, and due to tha causa(s) end mannar as stated.

27 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. (Check only one) 29b. Signature and title of cartifier

25. Wes case rafarred to medical examiner?

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29a. Certifier

29c. License number

29d. Date signed (Month, Day, Year)

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O.C.M.E.

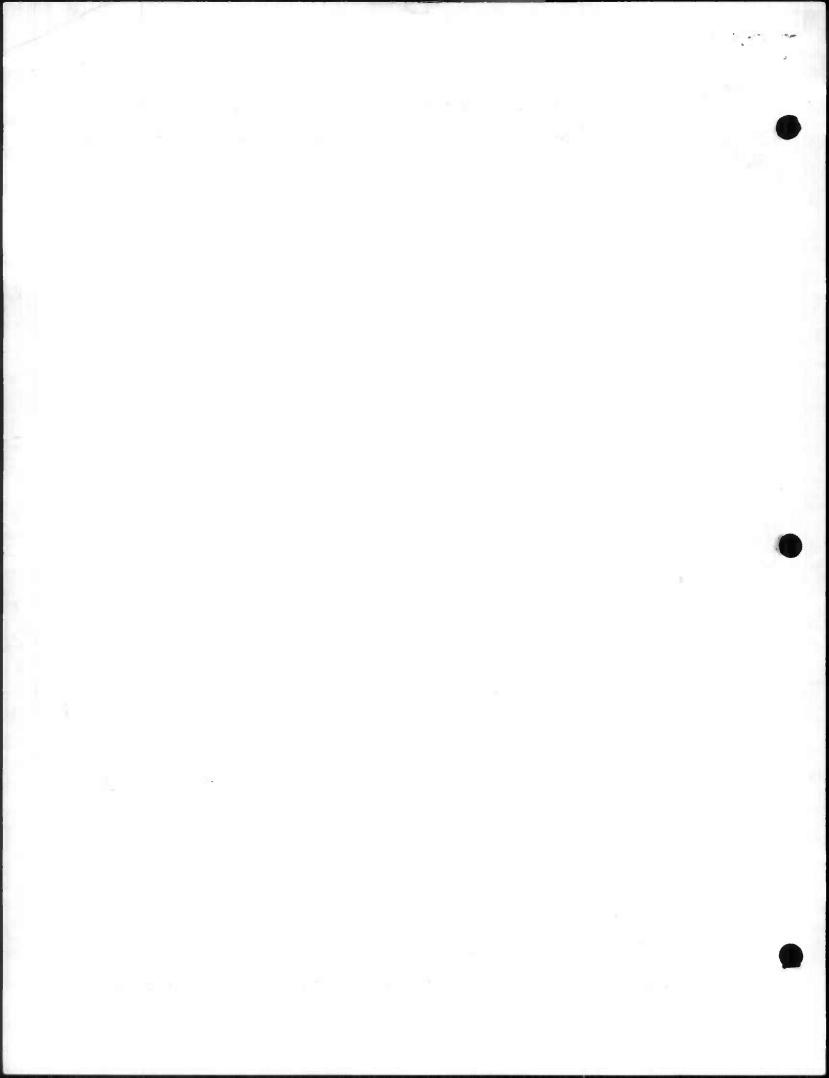
March 12, 1997

30. Name end eddress of person who completed cause of down (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

32. Registrar's Signature 31. Date filed (Month, Day, Year) MAR 2 0 1997 > whia Davidson

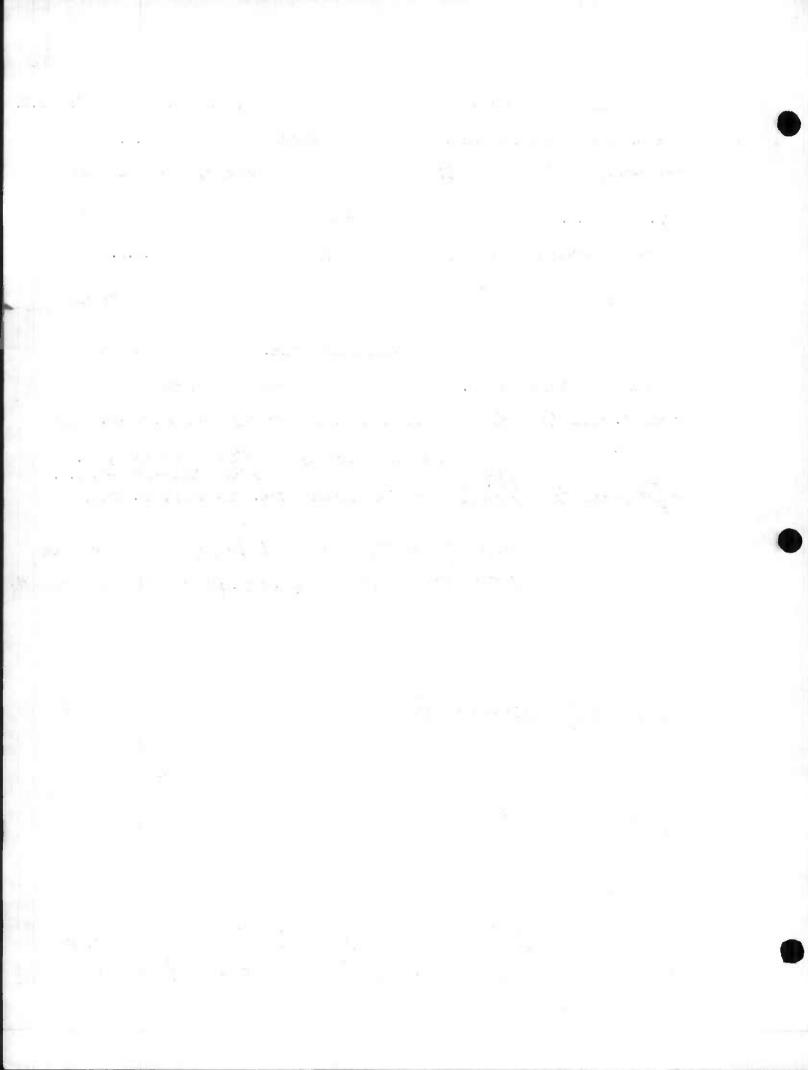


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

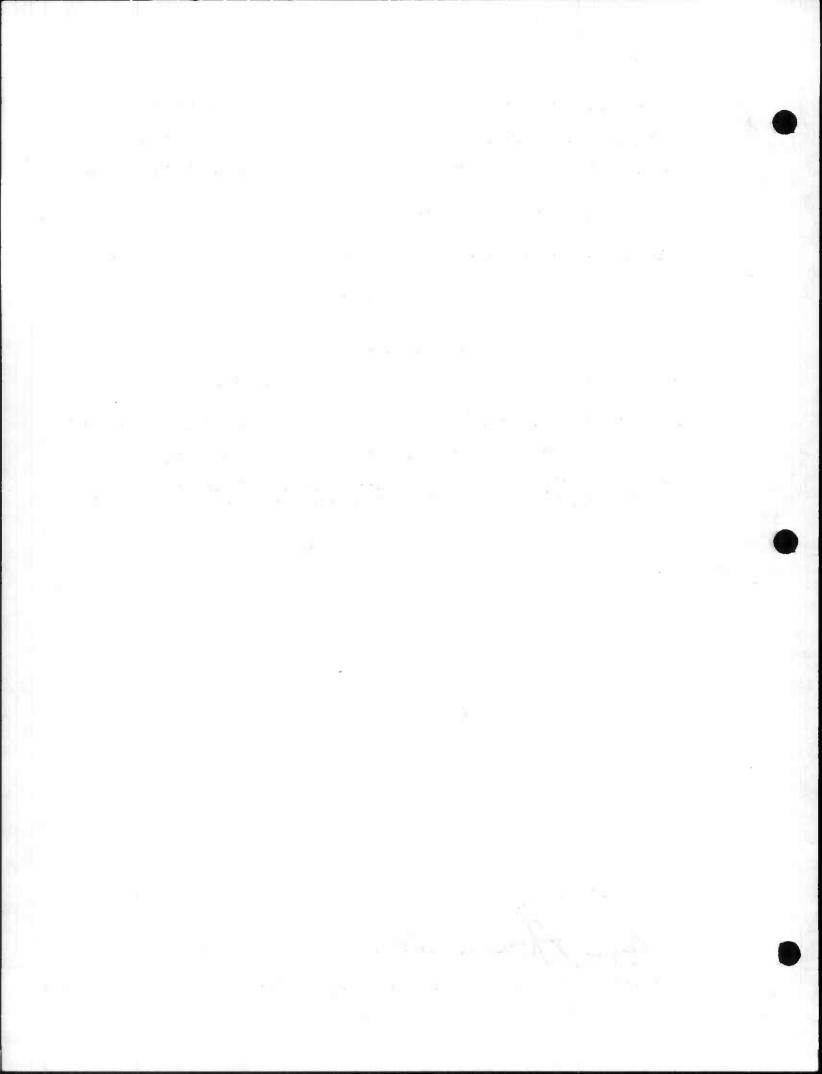
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						Cer	uncate of	Deam	F	Reg. No.		
Physicia /Medic		1. Decedent's Name (Firs	t, Middle, La enzo	•	enerson				2. Dete of Des Month March	16, 19	Yeer 97	3. Time of Deeth 8:07 P.M.
Examin		4e. Fecility Neme (If not institution, give street and number) Prince George s Hospital Center				The second secon			4c. County of Deeth P. G.			
Funeral Director		5. Social Security Number 319-30-4817 Usuel Residence of December 1		Sex 1∭2 M 2□F	7. Age (In yrs. I	est birthdey) Yrs.	Months Deys			(. Yeer)	Coun	ece (Stete or Foreign try) inois
death with the Maryland ms 23s or 28s-f show	or	10a. State 10b.	County P.G.		10c. City	, Town or Lo	cation Greenbel	1+.			10	od. Inside City Limits 1 Yes 2 No
the 288	5	10e. Street end Number	1.0.				10f. Zip Code			10g. Citizen of \	Whet Coun	trv?
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item 27		20e. Method of Disposition		7=	C	lace of Dispos	sition (Neme of natory or other ple	ece)	Dete	20c. Location -	City or To	wn, Stete
int: If		1 ☐ Burial 2 ☑ Cren 4 ☐ Donetion 5 ☐ C		State		rs Crema		3/18	Riverdale, MD.			
Department of Health Important: If Item 27 any Injury or other tr once.		21. Signature of Funeral Service Licensee # 1670 22. Name end Address of Fecility Ct										the second secon
Department of Plant in the san trijury or of once.		James 5. James 5801 Cleveland Ave. Riverdale, MD. 20737										
Physician /Medical Examiner		Fart1. Enter the dise shock, or heart failur Immediete Ceuse (Finel disease or condition resulting In deeth)	ase, or come. List only	e.	ESP	R P	+TOR				7	Approximate Interval Between Onset and Death Onset - Loy .
The law requires thet the death certificate be executed ate has been signed by the attending physician end page 2 should be deteched for use as the buriel-trensit	n/Medical Examiner	Sequentially list condition if eny, leeding to immedia ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	s, te	b		r es e conseques es e conseque		HUEN	CHRC	(/~0/M)		- Samoul
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ath. r: After this certific ie funeral director,		27. Manner of Death 1 SNaturel 5 2 Accident	Pending investigatio	,	of Injury oth, Dey Year)	28b. Time of Injury	We	ury et ork?] Yes 2 □ No	28d. Describe h	cribe how injury occurred		
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within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edicai Ce	29a. Certifier (Check only one)	ertifying Ph edical Exer	niner: On the b	best of my know asis of examinat aner stated.	vledge, deeth ion and/or inv	occurred et the trestigetion, in my	ime, date end plece opinion, death occ	e, end due to the durred at the time,	ceuse(s) end modate end place,	enner es st and due to	eted. the ceuse(s)
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)		30. Name and address of	person who	completed ceu	se of deeth (Item	23e) (Type)	ellville	Road;	#220	; Bou	nie-	97. MD-2071
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 10266

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/Medical	INDOIR KOIDICK KRAKOWER											March 17, 1997		7:54 a
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State of Maryland / Department of Health and Mental Hygiene

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State Registrar

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Year **Physician** Robert Russell Larrimore, Jr. 11,1997 /Medical March 2:30 AM 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 307 Hammond Street Centreville Queen Anne's If Under 1 Year If Undar 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) Birthplaca (Stete or Foreign Country) **Funeral** 1€M 2□ F Days 171-10-9768 Yrs. Director 85 May 13,1911 Maryland Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a.4 a.m. any injury or other traumatic event, the Maryland 2000. 10e. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits No Yas 2 No Director Queen Anne's Centreville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 307 Hammond Street 21617 U.S.A. Funeral 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, Whita, etc. 1 Never Married 2 Married 1 ☐ Yas 2 ☐ No If Yes, Give 1 ☐ Yes XEV No Specify Specify: White à ₩ Widowed 4 Divorced Year or Datas: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Tidewater Elementery/Secondary (0-12) College (1-4or 5+) Publishing Truck Driver 17. Father's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Robert Russell Larrimore, Nellie Elizabeth Usilton Sr. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Betty Zido--Daughter P.O. Box 364, Centreville, Md. 21617 20b. Placa of Disposition (Name of cemetary, cramatory or other place) Date 20c. Location - City or Town, Stata 14, 1997 20a. Method of Disposition March ty∑yourial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Ridgley Cemetery Ridgley, Md. 22. Nama and Address of Facility Fellows, Helfenbein & 21. Signature of Funaral Service Licensen Newnam Funeral Home, P.A.

114 W. Water St., Centreville, shock, or heart feilure. List only one cadae on each line. Md ... Approximata Interval Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examine The law requires that the deeth certificete be executed Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last ettending physician and Division of Vital Records, P.O. Box 68760 Physician/Medical the Dua to (or as a consequance of): 88 õ ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yee 2 No 3 Probably 4 Unknown ģ 24b. Were autopsy findings avallable prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed page 2 s 1 ☐ Yes 2 No certificate 1 ☐ Yes 2 No Hospital or Attanding Physician: director, Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 ☐ Nursing Home Bealdence 6 ☐ Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After 5 Pending 1 2 Natural death. 1 Yas 2 No 2 ☐ Accident investigation within 24 hours efter death To the Funeral Director: completely filled In by the 6 Could not be 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 3 Sulcide Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide Certifying Phyeician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end manner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier edical (Check only one) 29b. Signatura and titla of certifiar 29c. License number 29d. Date signed (Month, Dey, Year) 0 Juse of death (Itan 23a) (Type, Print) 30. Name and address of person who com-

State Registrar Eric Ciganek,

31. Date filed (Month, Day, Year)

M.D.; 2540 Ce 32. Registrar's Signeture

3 1997

gulia Davidson-Randelle

2540 Centreville Rd.; Centreville, Md. 21617

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / D Cef	EPARTMEN RTIFICAT	TOF H	EALTH AND N	MENTAL HYGIEN					
1	1. DECEDENT'S NAME (First, Middle, Last) Florenc	e Lynn	Liddel1				2. DATE OF DEATH MONTH March 19		3. TIME OF DEATH 10:50 a.m.m			
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. last b	irthday) IF UND	ER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.6	HRTHPLACE (State or Foreign			
	215-28-1884	t [] M 2 📉 F	64	YRS. MONTH	DAYS	HOURS MIN.	March 24	1932	Maryland			
<u>_</u>	9e. FACILITY NAME (If not institution, give stre			9b. Cl		R LOCATION OF DE	ATH	9c. COUNTY				
5	Laurelwood Nursi	ng Cente	r		E	lkton			Cecil			
DIRECTOR	10a. STATE 10b. COUNTY		11	toc. CITY, TOWN					10d. INSIDE CITY LIMITS?			
□	Maryland	Cecil				erryvill	e		1 X YES 2 NO			
RAL	100. STREET AND NUMBER 545 Richmond Stree	t			101	ZIP CODE	903		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL		12. WAS DECEDENT			3. WAS DEC		IIC ORIGIN? (Specify Ve	s or No.— 14.1	RACE — American Indian.			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 X NO R OR DATES			ecify Cuban, Maxical 2 XXVO Specify	n, Puerto Ricsn, etc.)		Black, White, etc. Specify:			
	15. DECEDENT'S EDUCA	ITION	16a 0505	DENT'S USUAL	OCCUPATION	N.	16h KIND OF BI	ISINESS/INDUST	White			
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of work dor o NOT use retired	ne durina ma	st of working	160. KIND OF BU	SINESS/INDOST	n r			
AP.	Ten Years			Homema	ker		Pers	sonal R	esidence			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	1-7 :	D :				ME (First, Middle, Maider		_			
BE	George r	ranklin		HAN INC ACOD	PP /Pter et		Carrie E.					
2		ughter)							land 21903			
	20a METNOD OF DISPOSITION XXBurisi 2 Cremation 3 Remov	ral from State	20b. PLACE AN	D DATE OF DISP	OSITION (No	rme of	OATE 20c. LO	OCATION — City	or Town, State			
	4 Donation 5 Other (Specify)		Hopew					ort Dep	osit, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICE	N. Tat	tELS0X	50	Lee A		son & Son					
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haert failure. List only one cause on each line. Approximate Interval Between											
				< 1		01	01		Onset and Death			
-	resulting in death)	DUE TO (OR AS A CONSBOU	ENCE OF:	عارد	Obstrac	tive Palu	county t	Trus Months			
2			0						ļ			
CERTIFICATION	Sequentially list conditions, if any, leading to immediata											
FIC	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events	OUE TO (OR AS A CONSEOU	ENCE OF):								
	resulting in daeth) LAST											
	PART II. Other significent conditions	contributing to c	feath but not rea	aulting in the	underlyln	g ceuse given in	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS			
ICAL	Cerebra	s Vareu	dar 1	Acced	ーナ		PERFO	PRMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	Schiza	phrenen				-		-AAT	OF OEATH?			
Z	DID TOBACCO USE CONTR					UNCERTAI	N 🗆					
PHYSICIAN: MEDIC		HOSPITAL:		OF DEATH (Che				<u> </u>				
148	1 YES 2 NO	1 Inpatient 2		28b. TIME OF		Ne 5 A Residence	8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUR	FD			
	t Natural 5 Pending	(Month, Day		INJURY	W	PRK? YES 2 NO						
D BY	3 Suicide B Could not be	28a. PLACE OF building, a	INJURY — At hom- itc. (Specify)	e, farm, street, t	actory, offic		28f. LOCATION (Street City or Town, State		lural Route Number,			
ETE	4 Nomicide determined		,,					<u></u>				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION ON 2 MEDICAL EXAMINER								use(s) and manner as stated.			
ш	200. SIGNATURE AND VITLE OF CERTIFIER					29c. LICENSE NUI		29d. DATE SI	GNED (Month, Day, Year)			
TO B	(1)	AAMINI EEEE AA	- 0- 0-1			סאיז	111	M	arch 19, 1997			
	30. NAME AND ADDRESS OF PERSON WHO David Gar-El	COMPLETED CAUS	e of OEATH (ITEM	AVEN	4.4	North	1+ Mar	Manh	21901			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 - 51 1/100	17 7 101	7	2,13			
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		Jana Da	WICKSON-MON	CARL					DHMN-16 Rev 1/89			

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31. DATE FILED (Month, Day, Year)
MAR 2 5 1997

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Michael J. McCorneck

melomach

32. JEGISTRAR'S SIGNATUR

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH George Miller Lynn Sr. BIRM 21,1997 March 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 235-18-7376 DAYS HOURS YRS. 79 May 9,1917 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 537 Frederick St. Hagerstown Washington RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington Md. Hagerstown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10e. CITIZEN OF WHAT COUNTRY? 537 Frederick St. 21740 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 8 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) Supervisor 10 Aircraft 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Robert Lee Lynn BE Mary Sarah Miller 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ruth H. Lynn (wife) 537 Frederick St. Hagerstown, Md. 21740 9 20g METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 25, 1997) 20c. LOCATION — City or Town, State must Burlal 2 Cremation 3 R Cedar Lawn Memorial Park **S** □ Other (Specify) Hagerstown, Md. examiner SIGNATURE OF FUNEBAL SERVICIALICE REE 22. NAME AND ADDRESS OF FACILITY 12525 Bradbury Ave. Davis Funeral Home Smithsburg, Md. 21783 enno medical 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata ahock, or heart fallure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition 3 years Metzatia tic Rechel Conser resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 0 Injury, PART ii. Other algnificent conditions contributing to death but not resulting in the undarlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? any AWAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 THO 23 shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Tem. HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 0 27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO marked, 1 Natural 5 Pending Investigation м t YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 3 Suicide COMPLETED 8 Could not be E HOSPITAL OR ATTEN E FUNERAL DIRECTOR: 3 within 72 hours after RTANT: If Item 28 Is 4 Homicide 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(a) and manner ea stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) ш

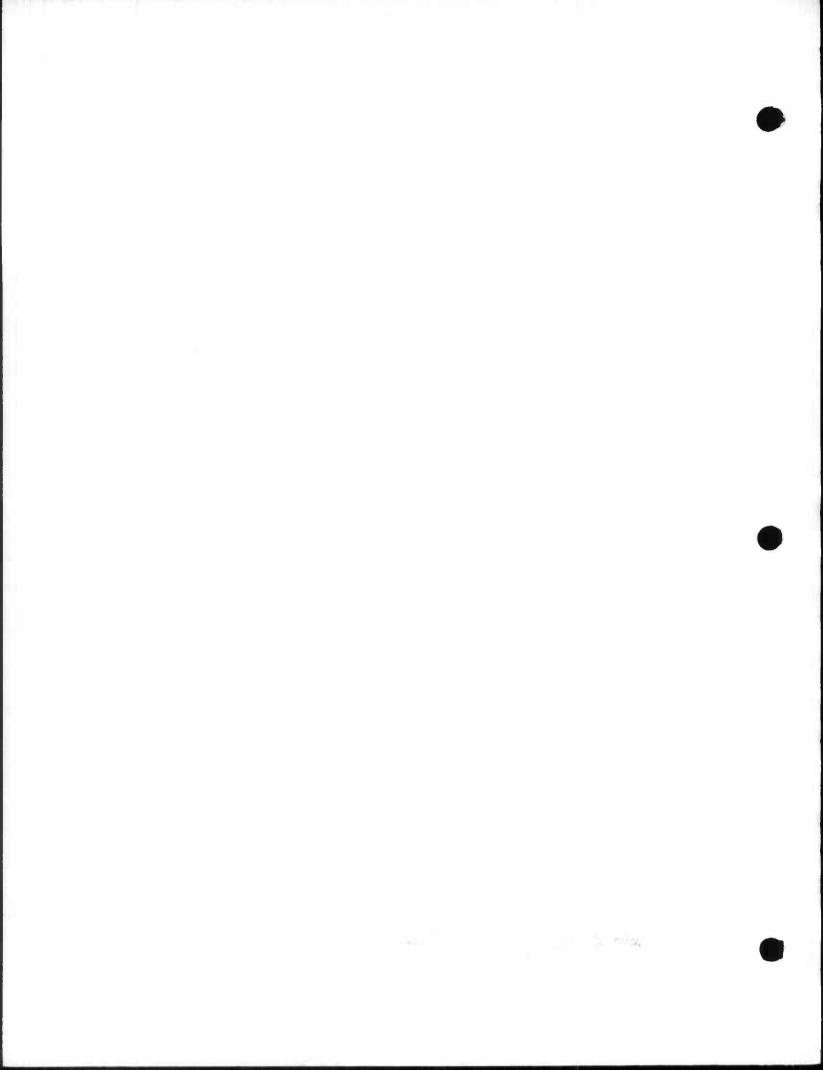
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Suite 130

Medical Campus

MD 217

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Day Vear **Physician** John Leroy Lynch /Medical March 23 1997 10:20 a.m. 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Allegany **Cumberland Nursing Home** Cumberland If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min. Birthplece (Stete or Foreign Country) 7. Age (In yrs. last birthday) 5. Social Security Number Dete of Birth (Month, Day, Year) **Funeral** Deys 1 De 2 F 94 Yrs. Director 213-09-9870 27-Jun-02 Maryland Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 ☐Wes 2 ☐ No Directo Maryland Allegany Cumberland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whef Country? with ŏ **Booth Towers Apartments** 238 21502-U.S.A Pegas 1 and 2 should be filed within 72 hours efter death nent of Health and Mental Hygiena.
shit: If item 27 is marked other than "natural", or items 23, and it is death or thaumatic event, in a kedical Exercites mass. Funeral 220 Summerville Avenue 12. Wes Decedenf Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Merital Status 14. Race - American Indien, Bleck, Whife, etc. 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1□Yes 2□Xo Specify: by 3 Widowed 4 Divorced White Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Engineer Railroad 8 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Be George Lynch 70 Sarah Ellen Rizer 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Ann Miller Friend 1204 National Highway LaVale 21502-Maryland 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition Dete Department of Important: If It any injury or o once. 1 ☐Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Rest Lawn Memorial Garden 26-Mar-97 4 ☐ Donetion 5 ☐ Other (Specify) LaVale, Maryland 21. Signeture of Funeral Service Lice blin Durst Funeral Home, 57 Frost Ave., Frostburg, MD 21532 23a. Enter the disease, or complications that caused the deeth. Do not enfer the mode of dying, such as cerdiac or respiratory arrest, mock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in deeth) /Medicai udiae auest Minute Examiner Physician/Medical Examiner physician and the burial-transit The lew requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. Due to (or es e consequence of): 88 attending p for usa as signed by the a Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Cerebroase disease. þ should b 24b. Were autopsy findings Completed 24e. Wes en eutopsy performed? aveileble prior to completion of cause of death? cartificate hes L 2 No 1 ☐ Yes 2 ☐ No 1 Yes Attending Physician: 25. Wes case referred to medicel examiner? Be 26. Piece of Deeth (Check only one) 1 Yes 2 No Hospitel: Other: 4 Aursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred After 5 Pending Investigation after death. 1 Yes 2 🗆 No 2 Accident tha 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) filled in by 4 Homicide ò 24 hours Hospital edical 29a. Certifie 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. complataly 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner steted. (Check only one) within 2 29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Yeer) 0 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Peter Halmos, M.D., Memorial Hospital Medical Ctr., 600 Memorial Ave., Cumberland, Maryland 21502

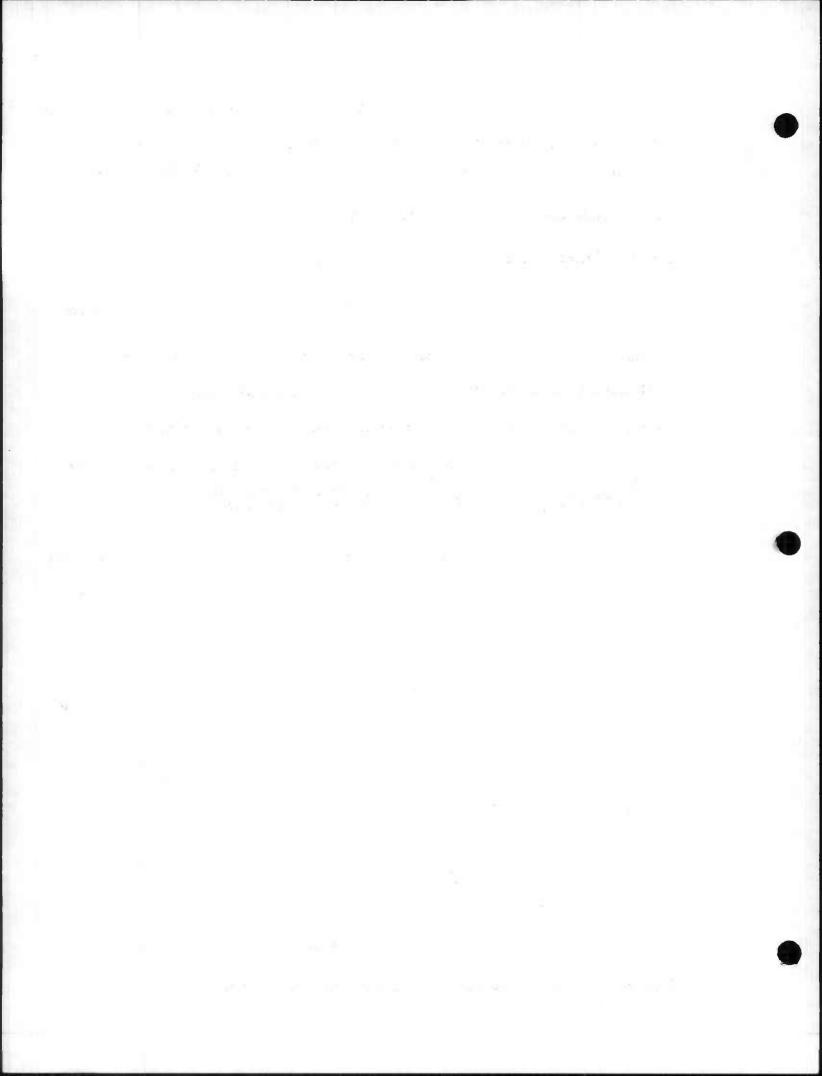
Registrar's Signeture

DHMH 16 Rev 6/95

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physici						OGI	rtificate of	Dealli		Reg. No.			
	an	1. Decedent's Nam	ne (First, Middle, La						2. Date of D Month	eath Day	Year	3. Time of	
/Media	cal	A. P. Hr. M.	JUL		н.		LEWIS		March	22, 19		10:05	P.M
Examir Funeral Director	ner	The Memo: 5. Social Security N 217-10-6	rial Hosp Number 6.5	e street and number pital and Sex X 7.7 1 M 2 F			ter If Under 1 Year Months Days	Cumber If Under 24 i	Tand Hrs. 8. Date of B	A11e inth (28), Year 1910	gany	lace (State o	or Foreig
DQ >		Usual Residence o 10a. State	f Decedent 10b. County		40a Citu	Town and a							
be filed within 72 hours after death with the Maryland nial Hygiene. Additional distribution of other than "natural", or items 23s or 28s-f show event, the Medical Evander must be notified at	Funeral Director	MD	Allegar	ny	Toc. City	Cumbe:					11	0d. Inside Cit	
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and A			ame/Relationship (-	19b. Mailin	g Address (Street		r Rural Route Num		State, Zip	Code)	
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s 1 and 3 I Health tam 27		20a. Method of Dis		.5 5011		ace of Dispos	sition (Name of		Date	20c. Location		21502 wn, State	
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permit. Pages 1 are Department of Hea mportant: if Itam in Injury or other and Injury or other		21. Signature of Fu			Mt.		an Cemet		03/26	Cumbe	rland	, MD	
permit. Pages 1 and Department of Health Important: If Itam 27 any Injury or other tr once.		21. Signature of Fo	A Service Lice	0		m- "	. Name and Addre		eral Home				
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		23a. Pert1. Enter to shock, or hea	he disease, or com in feilure. List only	plications that cause one-cause on each	ed the death. line.	Do not ente	er the mode of dyl	ng, such es care	diac or respiratory	errest,	1	Approximate Interval Bety	e ween
Physiclan											i	Onset end D	Death
/Medical Examiner		Immediate Cause (disease or condition	(Final on	Cere	brovas	scular	Acciden	t				One Da	237
LAditionet		resulting in death)		u	Due to (or	as a conseq	uenca of):					OHO DO	-J
₽ ≅	ne		_	Uros	epsis							One Da	av
nd trans	Examiner	Sequentially list co	nditions,	D. —		as a conseq	uenca of):					one be	-1
a axe		Sequentially list co if any, leading to in cause. Enter Under Cause (Disease or	nmediate erlying										
certificate be axecuted ding physician and usa sthe burial-transit	/Medical	that initiated events resulting in death)		d.	Due to (or	es a consequ	uence of):				1		
ath litter for u	Physician	Part II. Other algnif	icant conditions o	ontributing to death	but not resul	ting in the ur	nderlyling cause giv	ven in Pert f.	23b. Did	I tobacco use co	ntribute to	the cause o	of death
es that tha da igned by the s be detached i	by Ph								1	Yes 2 No	3 Prob	ably 4 1	Unknow
Na Sa	Completed b								24a. We	s an autopsy formed?	eva	re eutopsy fi ilable prior to npletion of ci death?	0
The I	-0								10	Yes 2 No	1□	Yes 2□	No
	Be	25. Wes case refer	red to medical					26. Plece of I	Death (Check only	one)			
Physician: this certific ral director,	0	examiner?	No	Hospital:	tient 2□F	R/Outpetien	t 3□ DOA Ott	her.			er (Specific	()	
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- W	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined 28e. Place of Injury At hor building et Specify					eet, factory, office			(Street and Numb own, State)	per or Rura	Route Num!	ber,
To the Hospital or within 24 hours aft To the Funeral Di complately filled in	edicai (29a. Certifier (Check only one)	1 Certifying Ph 2 Medical Exam	nysician: To the besi niner: On the basis and manner;	of texamination	ledge death and/or inv	occurred at the timestigetion, in my o	me, date and pla opinion, deeth o	ace, and due to the courred at the time	cause(s) and mo	enner es sto and due to	eted. the ceuse(e)))
	M	29b. Signeture end	title of certifin	1 1/			29c. Licens	se number		29d. Date signe	d (Month, L	Day, Year)	
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6				completed cause of			Print)			Harci	1 23,1	1997	
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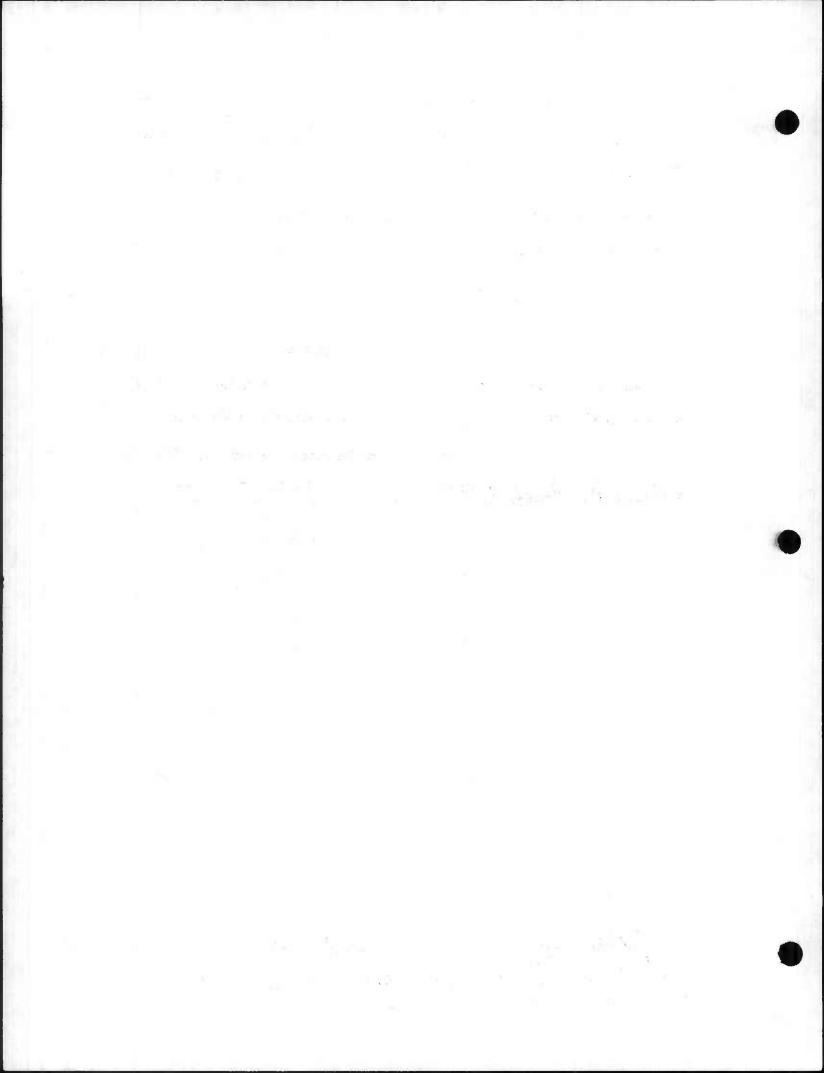
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3 Time of Death Day 1997 Yeer March 13, **Physician** 10;15 AM LIPPART Sibv1 Laverne /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Frederick Frederick Northampton Manor Nursing Home If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. last birthday) 5. Social Security Number Birthplece (State or Foreign Country) **Funeral** 1 M 2 X F Yrs. 217-34-2473 Director Dec. 5, 1908 Mississippi Usual Residence of Decedent 10e. State 10b. County 10c. City. Town or Location 10d. inside City Limits 28a-f show the Medical Examiner must be notified at Frederick Frederick Director Maryland 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ 21701 U.S.A. 200 East 16th Street items 23a Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11 Maritel Status filed within 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ŏ 1 ☐ Yes 2 No Specify: White þ 3 Widowed 4 Divorced "natural", Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16h, Kind of Business/Industry permit. Peges 1 and 2 should be filed within 7. Depertment of Health and Mental Hyglene. Important: If item 27 is marked other than "na any injury or other traumatic event, in a Menta pines. Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Surneme) Sarah Barnes Reddoch Cooper Elnathan Duckworth 19e. informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Leo V. Lippart/Son 20 Commerce street, Frederick, Md. 21701 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stete 1997 Frederick, Md. Mount Olivet Cemetery March 17. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility
Keeney and Basford P.A. Funeral Home 21. Soneture of Funeral Service Licenses M00021 Delbard 106 East Church St., Frederick, Md. 21701 23a. Pert1. Enter the disease, or complicettors that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart feilure. List only one on use on each line. Approximete Intervel Between Onset end Deeth Physician /Medical immediete Ceuse (Finel Meimoma diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner ettending physician and for use as the bunal-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequence of): P.O. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 1 Tyes 2 No 3 Probably 4 Unknown signed l Ď Records, 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? page 2 1 Yes 2₽No 1 ☐ Yes 2 ☐ No certificate Division of Vital Hospital or Attanding Physician: director. Be 25. Wes case referred to medical 26. Place of Death (Check only one) Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 42 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 22 No Certification: To funeral 28e. Date of injury (Month, Dey Year) 27. Menner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred After 5 Pending investigation 1 ☐ Yes 2 ☐ No 24 hours efter death 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 5 4 - Homicide E filled 29e. Certifier 1🗹 Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. Medical To the Hosp within 24 hor To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred et the time, date end piece, end due to the ceuse(s) end manner stated. 29d. Date signed (Month, Dey, Year) March 14, 1997 ted cause of deeth (item 23e) (Type, Print) 1475 32. Registar's Stenatulen Randall

DHMH 16 Rev 6/95

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible... State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 3. Time of Death Dey **Physician** MAURICE LeaHY 1997 March 2090 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY 5. Sociel Security Number If Under 1 Year | if Under 24 Hrs. 8. Dete of Birth (Month, Day, Mar. 22, 9. Birthplace (State or Foreign Country)
Washington D.C. 7. Age (In yrs. lest birthdey) **Funeral** 1₩ 2□ F Deys 578-03-7181 Yrs. 82 Director 1914 Usuel Residence of Decedent the Maryland 10a Stete 10b Counts 10c. City. Town or Location 10d. Inside City Limits tem 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Examiner name be notified at 1 Yes 2 No Director Md. Montgomery Gaithersburg 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20101 Watkins Mill Road 20879 United States Funeral death 11 Marital Status 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 72 hours efter 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 Never Merried 2 Married ンシン Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest a rede completed) filed within 7 Hygiene. permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If frem 27 is merked other than any injury or other traumatic event Elementary/Secondary (0-12) College (1-4or 5+) Policeman Law Enforcement 17. Fether's Name (First Middle Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Maurice John Leahy Ellen Leona Cecil 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20101 Watkins Mill Rd. Gaithersburg, Md. 20879 Elizabeth G. Leahy (wife) 20b. Placa of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State Mar.20, 1 ☐ Burial 2XI Cremetion 3 ☐ Removel from State Alexandria, Va. 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory 1997 eture of Funeral Service Licens 22. Name and Address of Fecility DeVol Funeral Home 10 East Deer Park Dr. Gaitherburg, Md. 20877 Ant1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Physician /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Examiner Examiner -transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initieted events resulting in deeth) Last and P.O. Box 68760. physician Physician/Medical the to (or es e consequenca of) USB as for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? \$ signed by t 1 | Yes 2 | No 3 □ Probably 4 ☑ Unknown þ 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed peen page 2 1 ☐ Yes 2 🕱 No this certificate 1 Yes 2 18 No director, 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 Yes 2 No 1 Minpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of Medical Certification: 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending investigation 1 Neturel 1 Yes 2 🗆 No 2 Accident 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide

Records, Division of Vital or Attending Physician: efter death. efter death.

I Director: After death.

I by the furnity in by the furnity in the within 24 hours eff
To the Funeral DI
completely filled Ir To the Hospital

29b. Signeture end title

29e. Certifier

State Registrar

29c. License number

29d. Dete signed (Month, Dev. Yeer)

30. Name end eddress of perso ited cause of death (Item 23a) (Type, Print)

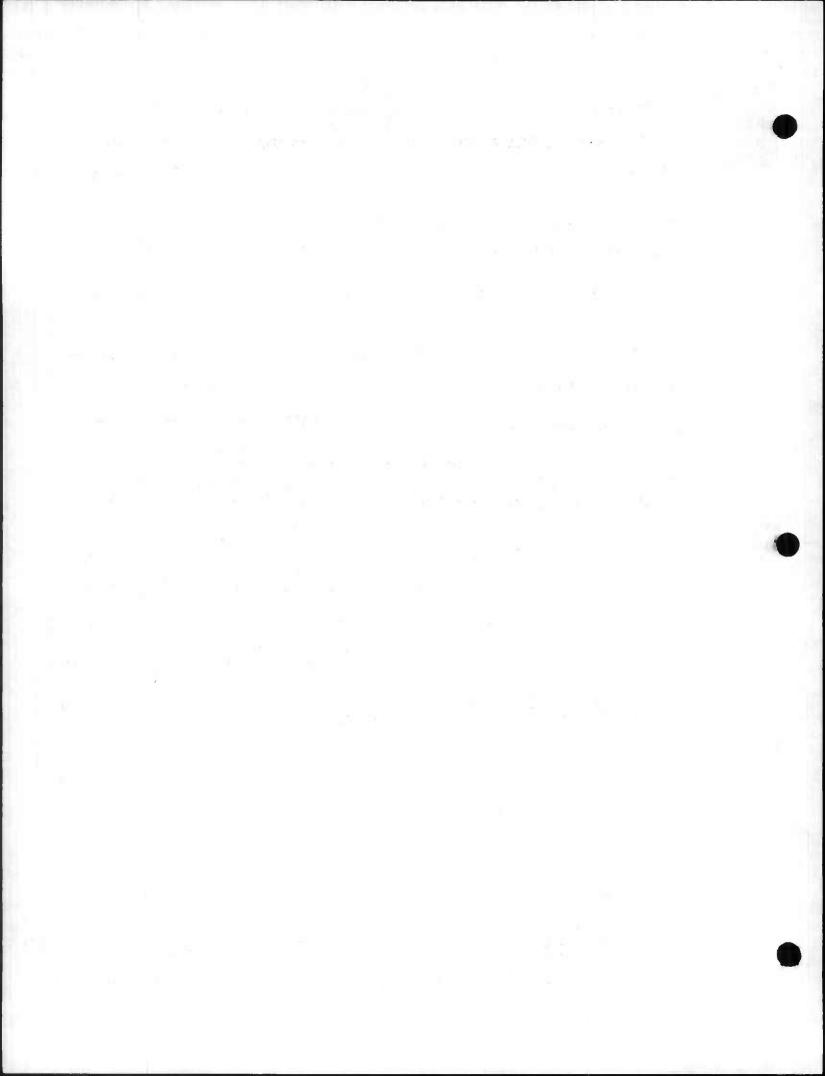
stoner, Rockill SNAROON 32. Registrer's Signature 31. Dete filed (Month, Day,

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the ceuse(s) end manner steted.

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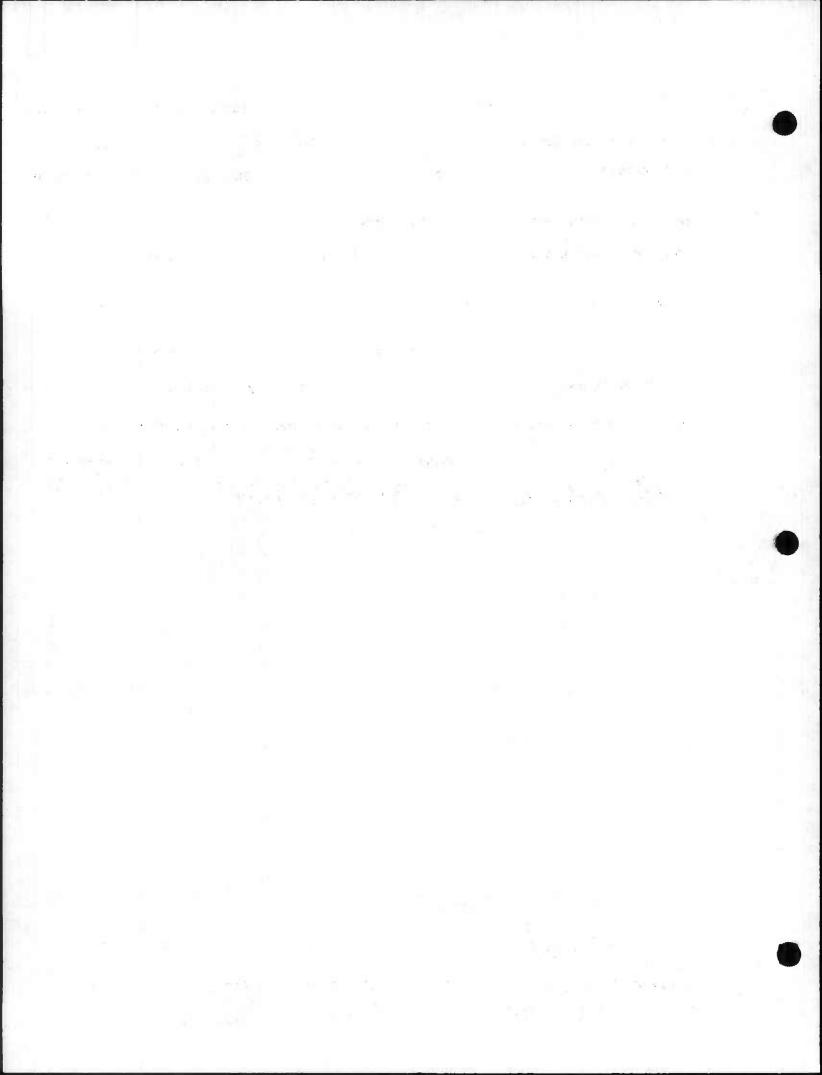


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State of Maryland / Department of Health and Mental Hygiene State of Maryland / Department of Health and Mental Hygiene

						Cert	ificate	e of	Death			Reg. No.			
	Dhuala	ion	Decedant's Nama (First, Middle, Las.	()							2. Date of De Month		Yaar	3. Tim	a of Death
	Physic /Medi		Horace	R. Lehman							March			10:	15 A.M
j	Exami		4a. Facility Nama (If not institution, give	street end number)					4b. City, To	wn, or Lo	ocation of Death	4c. C	ounty of Deat	h	
			7604 Whittier Bl	.vd.					Bethe	esda		Mo	ntgome	ry	
П	Funeral		Social Security Number 6. Sa	ax 7. Age ⊠M 2□F	(In yrs. last bir	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	If Under Months	1 Year Days	If Undar Hours	24 Hrs. Min.	8. Data of Bir (Month, Da	h v. Year)	9. Birti	hplace (Sta	te or Foreign
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	tha N	Directo	Maryland Montgome 10e. Street and Number	ery	В	ethe	10f. Zip	Codo				40- 08:	() 4 Pr - 1 O -		
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220	urs al	by	3 ☑ Widowad 4 ☐ Divorced	If Yas, Giva Yaar or Datas: W		10	☐ Yas 2	No K	Specify:			S	pecify: Whi	+-	
ğ	2 hou	8	15. Decedant's Edu	ucation		Dacader	nt's Usue	Occur	pation			16b. Kind	of Business/		
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2	d with	EO	Elementery/Secondary (0-12)	2	,	Sale	S					Whol	esale	Meat	
g	othe	BeC	17. Fathar's Name (First, Middle, Last)					-	18. Motha	r's Name	(First, Middle,	Maiden S	umame)		
Maryland	Aenta Aenta rked rked	ToE	Karl O. Lehman						Dor	othy	y Shoem	aker			
and	2 should be filed within 7 end Mental Hygiene. Is marked other than "n surratic event, tre Med		19a. Informant's Neme/Raiationship (T)	ype, Print)	19b	Mailing	Addrass	(Street	end Numbe	r or Run	al Route Numbe	er, City or	Town, State, 2	(ip Code)	
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altimore,	of He of He r oth		20a. Method of Disposition		20h Diago of	Dienocit	tion /Alam	006			Data 1997		ition - City or		
Ĕ	Pegas nant of I nt: If ite		1 X Burial 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)						l Park		, 1997	Rocky	ille,	Marul	and
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		je.		Arterio				iov	ascula	ar D:	isease		1	Unkno	wn
	satificata be executed ding physician and sa as tha bunal-transit	Examiner	Sequentially list conditions	b	ua to (or as a o		2						1		17.02
o	an ar rial-tr		Sequantially list conditions, if any, leading to immediata cause. Enter Undarlying Ceuse (Disease or injury	_											
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	cartifica Iding ph		resulting in daath) Last										i		
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	gned be de	by													
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Records,	s be	ple									porio	111001	1 0	ompiation of death?	of causa
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DIVISION	Arte dector	ifica	3 Suicida 6 Could not be datermined	28a. Placa of injur	y - At homa, fai	m, straat	t, factory,	office			28f. Location (S	Street end I	Vum <i>ber</i> or Ru	ral Route N	lum <i>ber</i> ,
5	s efter	Certification:	□ Homiciga	building, atc.	(эресну)						City or Tow	m, Stete)			
	pspite hour mera in fille		29a. Cartifier 1 Cartifying Phys	sician: To the best of	my knowladga,	death or	ccurred e	t tha tir	na, data and	place, a	and due to the	cause(s) ar	nd mannar as	stated.	
	he He in 24 he Fu	edicai	one) 2 Medical Examil	ner: On the basis of a and menner stets	xamination and ed.	Vor invas	stigation,	in my a	pinion, daat	h occurr	ed at tha tima,	data and pl	ace, and due	to tha caus	Θ(S)
	To the Hospital or Attendin within 24 hours eftar death. To the Funeral Director: Aft complately filled in by the fun	Σ	29b. Signature and title of certifier				29c.	Licens	a number			29d. Data	signed (Month	Day, Yea	r)
			James & Willi	inh				D23	392		1	March	17, 1	997	
F	25+1		30. Name and eddrass of person who co	ompieted causa of dea	ath (item 23e) (Type, Pri	int)								
			James E. Wilson, J	r., M.D.	11125	Rock	vill	e P	ike, #	103	Rockvi	lle.	MD 20	852	
	Sta	te	31. Data filed (Month, Day, Year)	32. Registrar	s Signature										
	Registr	_	MAD 9 A	1007 N	who Davis	dans.	Mande	82							

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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								enilica	ile oi	Death			Reg. No.		
	Physic /Medi			na <i>(First, Middla, La</i> LEOPOLD	st)	LOF	EB					2. Data of Do Month MARCH	Day	Yaar 997	3. Tima of Death 1:04 AM
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	Funeral Director		5. Social Sacurity 1 163-09-9	9717 1	Sax 170 M 2□F	7. Aga (In y	rs. last birth	Months	ar 1 Yaar	If Undar	24 Hrs. Min.	8. Data of Bi (Month, D	rth		ca (Stata or Foraign
	show ad at	or.	Usual Rasidance o	10b. County	ATTION .	10c.	City, Town							100	d. Inside City Limits
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	permit. Peges 1 end 2 should be filed within 72 hours efter death with the Merylan Department of Haalth end Mental Hygiene. Important: If item 27 is merked other than "netural", or items 23s or 28s-f show with injury or other traumetic event, the Medical Examiner must be notified at once.	by Funeral Director	3703 11. Marital Status 1 ☐ Nevar Mari 3 🛱 Widowed	ried 2□ Married	12. Was Dac Armed For 1 Yas If Yas, Gi Year or I	edant Evar in orcas? 2 1 No iva	463 u,s.	13. Was Dec If Yas, sp	edant of I			cify Yas or Notican, atc.)		U.S.A. ce - Amaricar ck, Whita, at	n Indien, c.
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6	ges 1 end 2 it of Haalth e if Nem 27 is or other tra		20a. Mathod of Dis	DE. LOEB			934 D. Place of D cematary,	O REA	ama of			Data	20854 20c. Location	City or Tow	n, Stata
Dalumore,	permit. Per Departmen Important: any injury 2005.			5 □ Othar (Spacify unaral Sarvice Ligar	-	1	HAMBE		and Addre	ass of Facilit	ty	/18 MES P	RIVE	RDALE,	20910
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	30		30. Nama and addr	rass of person who	completed caus	sa of death (in	tam 23a) (Ty	rpe, Print)	J 9	3720	FA4	RAG	1811E		

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Registrar

31. Data filad (Month, Day, Year)

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g antique of at the first time of the contract

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Center Rd., Grasonville, Md. 21638

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** MIDDLETON 8,1997 JAMES ANDREW SR. March 2:00PM /Medical **€**xaminer 4e. Fecility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Anne Arundel Medical Center Annapolis Anne Arundel If Under 1 Year | If Undar 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthpieca (Stata or Foreign Country) **Funeral** 13M 2□ F Months 220-28-0038 63 Director July 30,1933 Maryland Usuel Residanca of Decadent the Maryland 10a, Stata 10b. County 10c. City. Town or Location r than "natural", or items 23s or 28s-f show the Medical Exeminer must be notified at 10d. Inside City Limits Queen Anne's Md. Chester Director 1 ☐ Yes 2 ☐ NX 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1403 Saint Mary's Road 21619 U.S.A. death 12. Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indian, 11. Marital Status Black, White, etc. filed within 72 hours after Hygiena. XI Yas 2□No 1950's 1 ☐ Nevar Married 🎗 🖫 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White p 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry State of Md. Eiementery/Secondary (0-12) College (1-4or 5+) Correction Officer 12 permit. Pages 1 and 2 should be filed. Department of Health and Mental Hygid Important: if Item 27 is marked other: any Injury or other traumatic svent. 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middla, Meidan Surneme) Be Miriam Jones James Bart Middleton 2 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Beverly J. Middleton-Wife 1403 Saint Mary's Rd., Chester, Md. 21619 20c. Location - City or Town, State 20b. Piece of Disposition (Neme of 20e. Method of Disposition March 12, cemetery, cremetory or other piece) \$E\Buriel 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Stevensville Cemetery Stevensville, Md. 22. Name and Addrass of Facility Fellows, Helfenbein & Newnam Funeral Home, P.A. 21. Signature of Funerel Service Licenses Newnam Funeral Home, P.A. 106 Shamrock Rd., Chester, 21619 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cadse on each line. Approximata Interval Between Onset and Death **∉**Physician Medical immediate Cause (Finel 141 disaese or condition rasulting in death) Examiner Due to (or as e consequenca of) physician and s the burial-transit The law requires that the death certificate be axecuted Exam Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequance of): Box 68760, Physician/Medical Due to (or as e consequenca of): USB BS attanding for usa as P.O. ed by the a Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown signed b Records, þ been sig 24b. Were autopsy findings available prior to completion of cause of daath? Completed 24a. Was an autopsy performed? ata has paga 2 s 2 10 No 1 ☐ Yes 2 ☐ No certificata Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director, I Be 25. Was case referred to medical 26. Pleca of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Investigation 1 Natural 1 Yes 2 No 2 Accident 3 ☐ Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and mannar stated. Medical (Check only 29b. Signature and title of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number 30. Neme and address of person who completed cause of death (Item 23a) (Type Print)

Registrar

State

Libby,

M.D.;

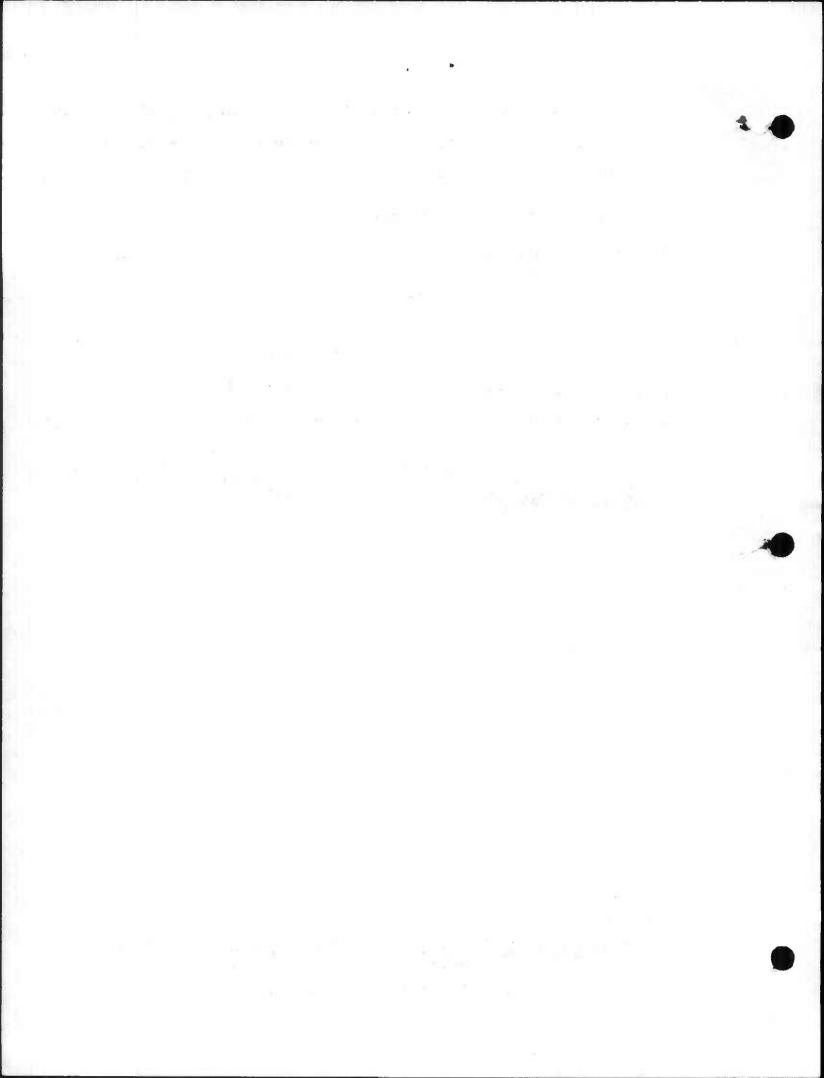
32. Registrer's Signature

204 Medical

wha Davidson-Randells

Ralph E.

31. Date filed (Month, Dey, Year)



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				State of M	larylan			of Health and of Death		giene Reg. No.	31	102/1
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r 28a	2	10e. Street end Number	r				10f. Zip Co	da		Iog. Citizen of	Whet Coun	try?
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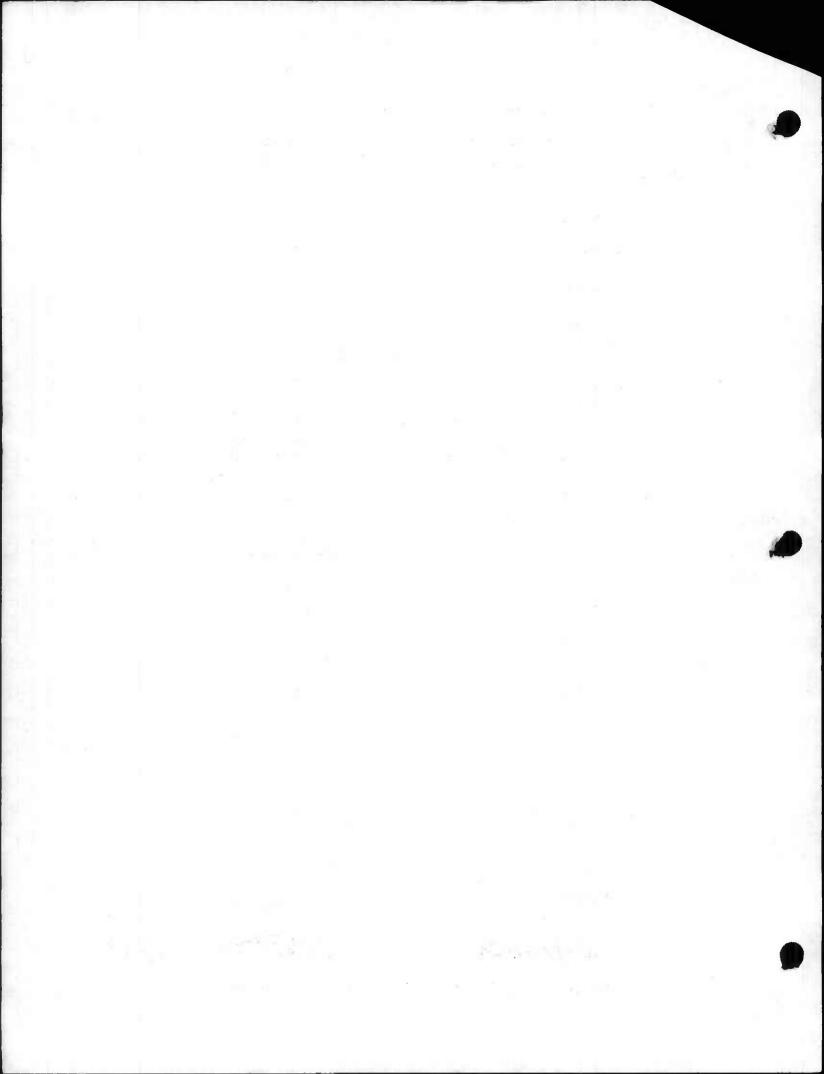
30. Neme end addrass of person who complated ceuse of deeth (Item 23a) (Type, Print)

W.S. Bremer, MD., 800 S. Talbot St., St. Michaels, Md. 21663

31. Data filed (Month, Day, Year)

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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** BEATRICE **MENDOZA** MCCASLIN MARCH 22, 1997 09:26 A.M. /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner MALCOLM GROW MEDICAL CENTER CAMP SPRINGS PRINCE GEORGE'S 5. Sociel Security Number 7. Age (In yrs. iast birthday) If Under 1 Year if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) OCt. 12,1916 9. Birthpiece (State or Fe Backher)Lniva. **Funeral** 1□M 2□F Months Deys Hours 80 Director 463-38-8139 Chihuahua Usuel Residence of Decedent the Menyland 10e State 10b. County 10c. City. Town or Location ir then "natural", or items 23s or 28s-f show. The Medical Examiner must be notified at 10d. inside City Limits Prince George's Upper Marlboro Maryland 1 Yes 2 No Director 10g. Citizen of Whet Country? U.S.A. 10e. Street end Number 10f. Zip Code with 20772 9220 Goldenrod Lane deeth Funeral 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11 Marital Status 72 hours efter 1 ☐ Yes 2 No 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 specify: White 1 Diyes 2 □ No Specify Mexicana ò 3√Nidowed 4 □ Divorced Yeer or Detes: Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 7 I Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled will Department of Health and Mentel Hygien, important: if hem 27 is marked other the any injury or other trauments. 7th N/A Nutritionist Health 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Be Beatriz Francisco Mendoza Ornalas 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Raymond D. McCaslin (Son) 4520 Kings Road St. Leonard, Maryland 20685 20e. Method of Disposition 20b. Pleca of Disposition (Name of cemetery, crematory or other place) March 28ete 20c. Location - City or Town, Stete 1 Durial 2 □ Cremetion 3 □ Removel from Stete
4 □ Donetion 5 □ Other (Specify) 1997 Waldorf, Maryland Trinity Memorial Gardens 21. Signeture of Funerel Service Lice 22. Name and Address of Facility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Physician /Medical Immediete Cause (Finel ACUTE MESENTERIC ISCHEMIA 30 DAYS disease or condition resulting in deeth) Examiner Due to (or es e consequenca of): ADULT RESPIRATORY DISTRESS SYNDROME 15 DAYS be executed **buriei-transit** Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury thet initiated events resulting in deeth) Last pue Due to (or as e consequence of): 10 DAYS Box 68760. physician RENAL FAILURE Physician/Medical that the death certificate the Due to (or es e consequence of) 88 LIVER FAILURE 10 DAYS attending 950 0 P.O. Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the s been signed by the should be detech 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records. à 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24e. Wes an autopsy parformed? Completed The law has page 2 certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician:
 124 hours after death.
 Funeral Director: After this certifical letely filled in by the funeral director. Be 25. Wes case referred to medical 28. Piece of Deeth (Check only one) Hospitei: 1 🔯 Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 0 1 ☐ Yes 2 ☒ No 2 ER/Outpatient 3 DOA 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, end due to the ceuse(s) end menner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date and place, end due to the cause(s) and menner steted. 29a, Certifier Medical To the I To the I comple 29b. Signature and title of b 29c. License number 29d. Dete signed (Month, Day, Year) arnes mo -MD-057394-L MARCH 22, 1997 30. Name and activess of person who completed cause of deeth (Item 23e) (Type, Print) 89 MDG/1050 W PERIMETER RD SUITE C1-7 BENJAMIN W. STARNES, CAPT, USAF, MD ANDREWS AIR FORCE BASE, MD 20762-6600 31. Dete filed (Month, Day, Year) MAR 2 32. Registar's Signeture State Julia Savelson Rardall Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended item #26 per physician State of Maryland / Department of Health and Mental Hygiene 10280 3/26/97 Carroll Co. p.1.c. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month **Physician** Year Wilford Clarence 23, 1997 Manahan. Sr. 9:16 p.m. March /Medical 4a. Facility Name (If not institution, giva straat and numbar) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Frederick Memorial Hospital Frederick Frederick County 7. Age (In yrs. last birthday) If Under 1 Year 5. Social Sacurity Number If Under 24 Hrs. Birthplace (Stata or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** 1√2 M 2□ F Months Days Hours Yrs. Director 74 220-46-4334 April 14, 1922 Maryland Usual Residence of Decedent 10b. County 10a State 23a or 28a-1 show 10c. City. Town or Location 10d. Inside City Limits the Medical Examiner must be notified at Director TY Yes 2 No MD Frederick Frederick 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 246 Wyngate Drive 21703 death Funeral 21703 U.S.A. 14. Race - American Indian, Black, White, etc. 'natural', or items 12. Was Decedant Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puarto Ricen, etc.) filed within 72 hours after 1 Naver Married 2 ☐ Married 1 ☐ Yas 2 ☐XO Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify: 3 Widowed 4 Divorced White Be Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Goodwill Industries 6 Laborer is marked other 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oth any linjury or other traumatic event ROBE 18. Mother's Name (First, Middle, Maiden Sumeme) 2 Clarence L. Manahan Viola Mae Bond 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Community Living , Inc. 620B Research Drive Frederick , MD 21703 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata Date 1 ☑Bunal 2 ☐ Cramation 3 ☐ Removal from State St. James UMC Cemetery 3/27/97 4 ☐ Donation 5 ☐ Other (Specify) Dennings, MD 21. Signature of Funeral Servica Licensee 22. Nama and Address of Facility HAIGHT FUNERAL HOME & CHAPEL (Box 195) Haight m Sykesville, MD 21784 (410)-795-1400

23a. Part1. Enter the disaase, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,

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A Approximate Interval Between interval Between Onset end Death **Physician** Gostraintestinue hemor lage /Medicai Immediate Cause (Final Lour disease or condition resulting in deeth) Examiner Due to (or as a consequence ot) Examiner The lew requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of) physiclan is the bune Box 68760, Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of). P.O. Part II. Other algnificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? retandation 1 Yes 2 No 3 Probably 4 Unknown signed be det Records, þ 24b. Were eutopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? page 2 1 Yes 2 No 1 Yes 2 No Division of Vital or Attending Physician: Be 25. Wes cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 P/Outpetient 3 POA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P s efter death.

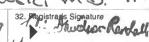
ii Director: After this
ad in by the funeral di this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Certification: 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide In by t 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, farm, street, tactory, office bullding, etc. (Specify) 4 Homicide pelli Hospital 24 hours cal 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as atated.

2 Medicat Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Hosp within 24 hou To the Fune completely fi

State Registrar

31. Date tiled (Month, Day, Year) MAR 26

29b. Signature and title of certifier



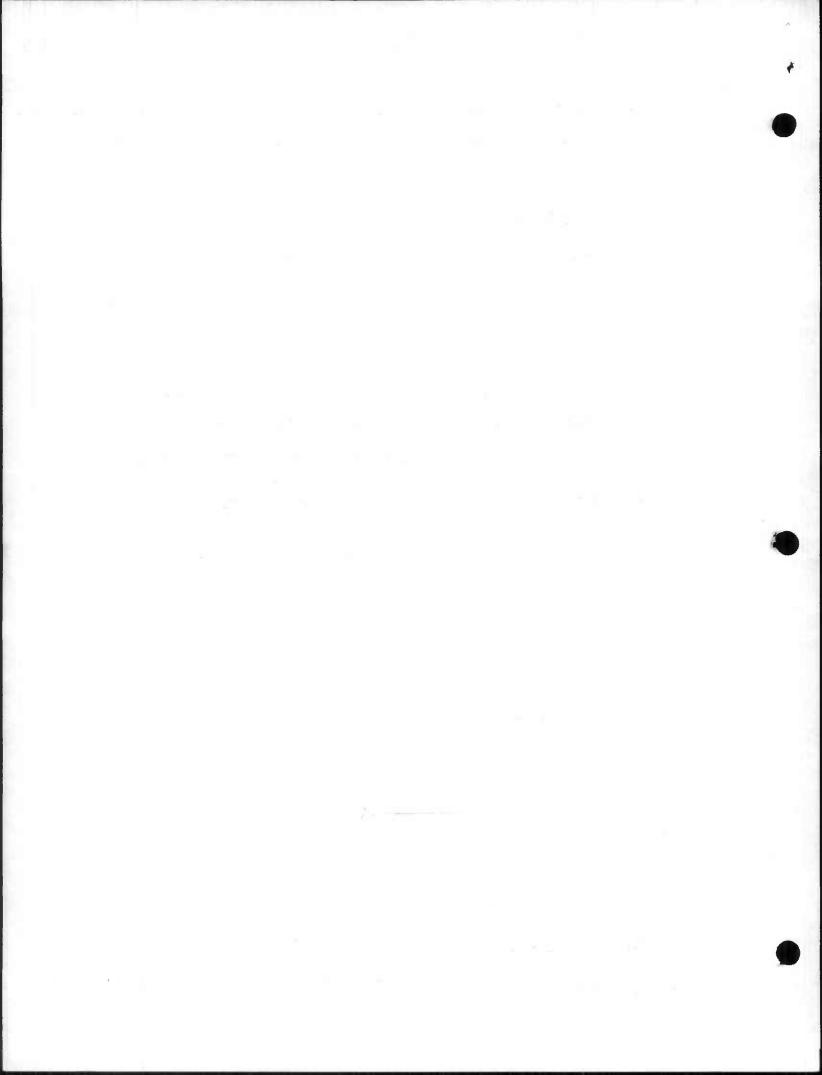
29c. License number

324892

29d. Date signed (Month, Day, Yaar) 3/23/97

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Land Ciarlous Cimb. 110 Sunghman Lane, Trederick Md



State of Maryland / Department of Health and Mental Hygiene

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Marvland / Department of Health and Mental Hygiene

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			1. Decedent's Name (First, Middle,	Last)								2. Dete of De	eath			3. Time of Death	_
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month William Andrew McFadden March /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Union Hospital Elkton Cecil 5. Social Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplace (State or Foreign Country) 11 1915 Pennsylvania 7. Age (In yrs. last birthday) **Funeral** Days Hours 1 M 2 □ F 180-05-2329 Yrs. 81 November Director Usual Residenca of Decedent 10a. State 10b, County 10c. City, Town or Location 10d. Inside City Limits MD Cecil Rising Sun 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21911 741 Hopewell Rd. USA Funeral Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 Married Specify: White 1 ☐ Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Nurseryman Nursery 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) William A. McFadden, Sr. Jennie Morton 19a. informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 741 Hopewell Rd. Rising Sun MD 21911 Nora H. McFadden, Wife 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 XBuriel 2 ☐ Cremation 3 ☐ Removal from Stete West Nottingham Cmty Mar 19 1997 Colora MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Facility R. T. Foard Funeral Home, P.A. 111 S Queen St. Rising Sun MD 21911 23a. Part / Enter the disease, or complications that caused the death / Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. 1c Approximate Interval Betw Onset and Death **Physician** Immediate Cause (Final disease or condition resulting In death) /Medical Examiner COPD Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Physician/Medical Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of desth? 1 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Was an autopsy performed? Completed 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No Certification: To 1 Minpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Natural 2 ☐ Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier i 🔾 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end placa, end due to the ceuse(s) end menner es steted. Medical 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29c. License number **37-82** 29b. Signature app 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Dr. Goodall, Union Hospital, Bow St. Elkton MD 21921

State Registrar

item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examiner mast be notified at

permit. Pages 1 and 2 should be filed within
Department of Heelth and Mental Hygiene
Important: if Item 27 is marked other than "n
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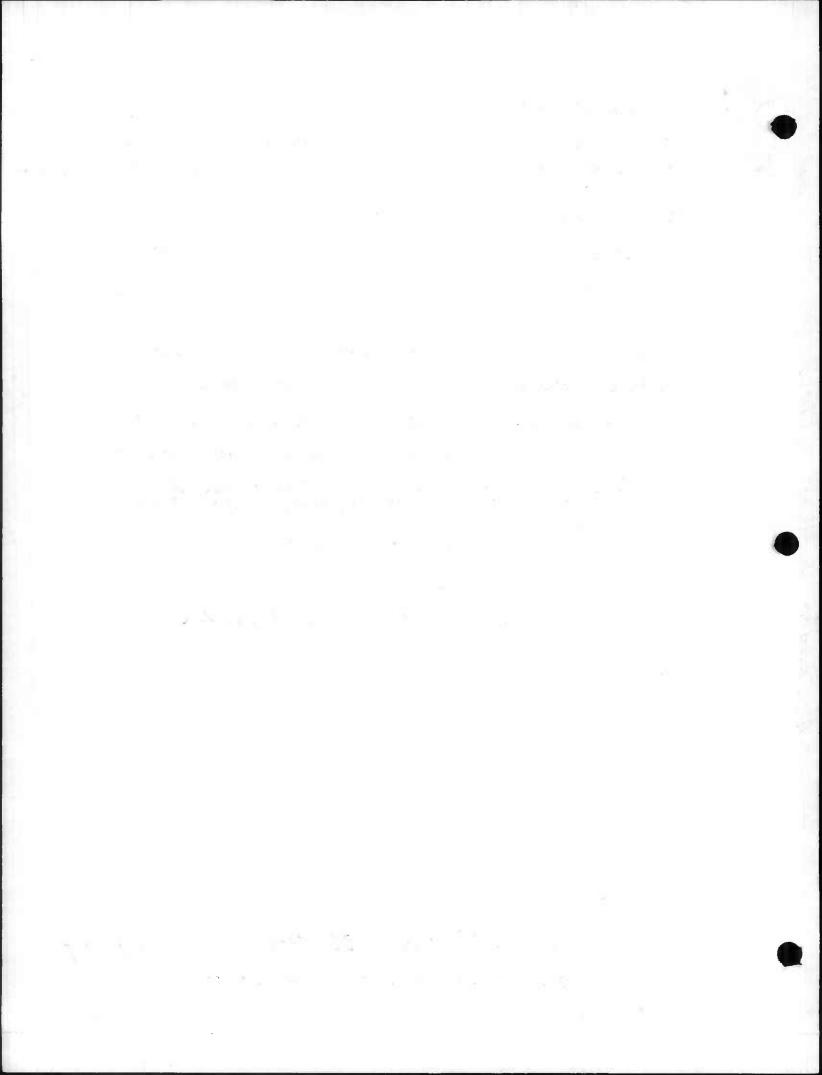
Box 68760,

Division of Vital or Attending Physician:

Fadde

Baltimore, Maryland 21215-0020

32. Registrar's Signature 31. Date filed (Month, Day, Year) MAR 1 9 1997 whe Davidson-Randese



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 10283

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedent's Nama (First, Middla, Last) 2. Data of Daath

21740

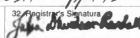
Physician /Medical Examiner

0640 March Vivian Ramsey 4a. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daeth Washington County Hospital
5. Social Security Number 6. Sex 7. Aga Hagerstown
If Under 24 Hrs. 8. Da
Hours Min. (M Washington If Undar 1 Year 8. Date of Birth (Month, Day, Year)
July7, 1914 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1□M 2XF Months Days Yrs. Director 82 214-09-0228 Maryland Usual Rasidance of Decedant the Maryland 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits "neturel", or items 23e or 28s-f showed call Examiner must be notified at 1 ☐ Yas 2 🖾 No Director Maryland Washington Williamsport 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Pages 1 end 2 should be filed within 72 hours efter deeth with in nent of Health end Mentel Hygiene.

Int: If item 27 is merked other then "neturel", or items 23e or in yor other treumstic event, the Medical Examines must be It. 154 N. Artizan Street USA by Funeral 12. Was Decedant Evar in U.S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Race - Amaricen Indian, Black, Whita, etc. 1 □ Navar Married 2 □ Marriad 1 ☐ Yas 2 ②No If Yes, Giva Yaar or Datas: 21215-0020 1 ☐ Yas 2 ☑ No Spacify: Specify: 3 □ Widowad 4 □ Divorced White Completed 16e. Dacedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 15. Dacedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 12 homemaker home Baltimore, Maryland 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be William Η. Ramsev Flora Β. Miller 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rurel Routa Number, City or Town, Stete, Zip Coda) Department of Health er important: If Item 27 is any injury or other trau Potomac, Maryland 20854
Data 20c. Location - City or Town, Stete Susan Silverman 10400 Buckboard Place 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cemetary, crametory or other place) 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Rose Hill Cemetery 3/27/97 Hagerstown, Maryland 21. Signatura of Funaral Sarvice Licansee 22. Nama and Address of Facility Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23a. Part1. Entar tha disaasa, or complications that causad tha daath. Do not anter the moda of dying, such as cerdiac or respiratory arrast, shock, or haert failura. List only one causa on aach lina. Approximata Intarvel Between Onset and Death **Physician** /Medical Immadiata Causa (Final disaasa or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed the burial-transit Sequantially list conditions, if any, laading to Immediata ceuse. Enter Undarlying Cause (Diseesa or injury that Initiated avants rasulting in death) Lest P.O. Box 68760. unaum Physician/Medical use as Part II. Other significant conditions contributing to death but not resulting in the undarlying ceusa given in Part I. 23b. Did tobacco use contributa to the cause of death? Failure signed by 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Wara autopsy findings available prior to complation of ceusa of death? page 2 should Completed 24a. Was en eutopsy performed? 1 ☐ Yas 2 ☐ No this certificate 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funerel Director: After this certifica completely filled in by the funeral director. Be 25. Wes casa rafarred to medical 26. Place of Deeth (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Spacify) 1 Yas 2 No Certification: To 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred 5 Pending Investigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Sulcida 6 Could not be datermined 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 T Homicide 1 Cartifying Phyelclen: To the best of my knowledge, deeth occurred et tha time, dete end place, end due to the causa(s) and menner es steted.
2 Medical Examinar: On tha bests of axemination and/or investigetion, in my opinion, death occurred et the time, deta end place, end due to the ceusa(s) and manner stated. Medical 29a. Certifier (Check only one) 29d. Data signad (Month, Day, Year) March 25, 1997 29b. Signatura end titla of certifian 29c. Licansa number 30. Nama and addrass of person who complated ceuse of death (Item 23e) (Type, Print) Boons (Sox Mp 2/7/3) FARMANK 31. Date filed (Month, Day, Year)

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate d	of Death		Reg. No.		
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Physi /Med		Mary Ell	en Myers	5				March	8 19	997	6:15pm
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Funera		5. Social Security Number	8. Sax	7. Aga (In yı	s. last birthday		aar If Undar 24 I	Hrs. 8. Data of Bi			ce (Stata or Foraign
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14		30. Name and addrass of person w	no completed ce	usa of death /III	am 23a) (Tuno	Print)					
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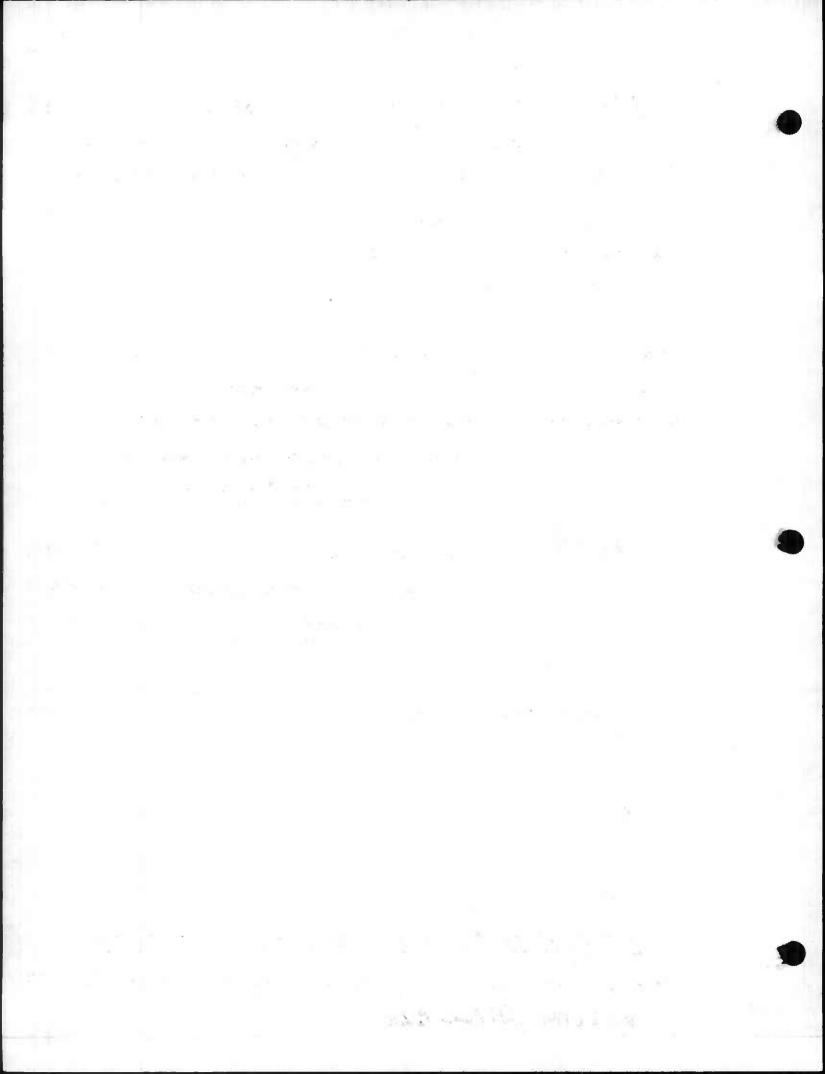
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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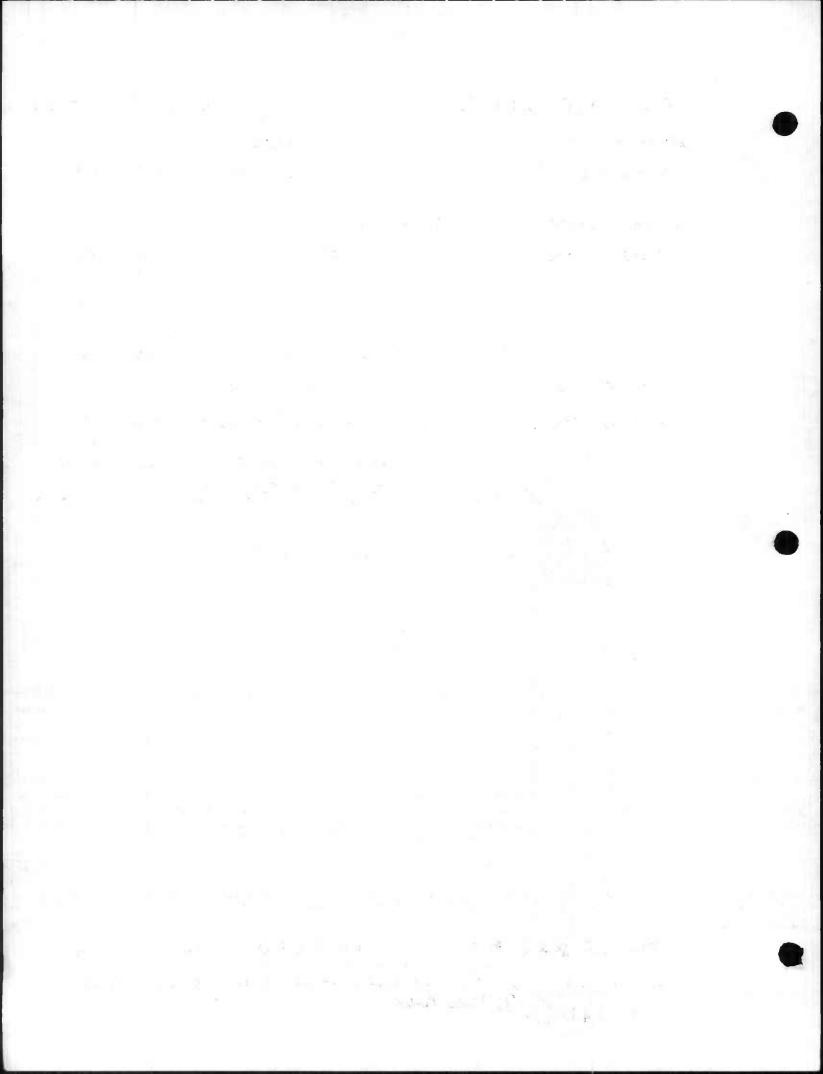
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10287

				,	Cei	tificate o	f Death	R	eg. No.		10201
		1. Decedent's Nama (First, Middla,						2. Date of Dee	th		3. Time of Death
Physic /Med		Paul W. Mc D	onald.	<i>I</i>				March	Day	Year 997	23:55
Exam		4a. Facility Neme (If not institution,					4b. City, Town, or L		4c. County		
		University Hospi	tal				Baltimor	·e	No	ne	
Funera		The state of the s	S. Sex 7. A	Age (In yrs. le	st birthday)	If Under 1 Yes Months Day	If Under 24 Hrs.	8. Date of Birth (Month, Day	1	_	ece (Stata or Foreig
Directo		216-42-4991 Usual Residence of Decedent	1⊠ M 2□ F	52	Yrs.	months bay	in Hours Will.	Sept 6	,1944	Maryl	land
show	_	10a. State 10b. County		10c. City,	Town or Lo	cation				10	Od. Inside City Limits
tha Mar 28a-1 st	Funeral Director	Maryland Carro	oll	Ne	ew Wir				0	145-1-0	1 ☐ Yes 2 No
A S	급					10f. Zip Code		,	0g. Citizen of		•
sath w	erai	1597 Smiley Driv		. 5		2177				ed St	
5-0020 72 hours after death with the Maryland instural; or items 23s or 28s-f show one Examiner must be multipled at	by	11. Marital Status 1 Never Married 20 Marrie 3 Widowed 4 Divorced	12. Was Deceder Armed Forces 1 ☐ Yes 2 ☐ If Yes, Give Year or Dates	s? ≹No	1	vas Decedent of Yes, specify Ci I□ Yas 2∏ N	f Hispanic Origin? (Spuben, Mexican, Puerto o Specify:	ecity Yes or No- Rican, etc.)		ce - America ck, White, o y: Wh	
75-00:	ted	15. Decadent's (Specify only highast	Education		16a. Deced	lent's Usual Occ	upation	ina	16b. Kind of B	usiness/Ind	ustry
- 90	Completed	Elementery/Secondary (0-12)	Cottege (1-4o	r 5+)		_	a during most of work red)	mg			
Baltimore, Maryland 2121 permit. Pages 1 and 2 should be filed within Department of Health and Mantal Hygiene. Important: If Itam 27 is marked other than any Injury or other traumatic event, the Health of the Mary or other traumatic event, the Health of the Mary or other traumatic event, the Health of the Mary or other traumatic event, the Health of the Mary or other traumatic event, the Health of the Mary or other traumatic event, the Health of the Mary of	S	12			Ope	rating	Engineer			struct	ion
be fill H d out	B	17. Father's Name (First, Middle, Li					18. Mother's Nem		Maiden Suman	na)	
Aarylan 2 should be f and Mantal is marked of	2	Paul W. McDonald	i				Anne Alk	ert			
Maryland d 2 should be file th and Mantal Hy 7 is marked othe traumetic event		19a. Informant's Name/Relationship	o (Typa, Print)		19b. Mailin	g Address (Stre	et and Numbar or Rui	al Route Number	, City or Town,	Steta, Zip	Coda)
1 and 1 haalth Haalth am 27		Sarah McDonald/V	Vife		1597	Smiley	Drive New	Windsor	, Maryl	and 2	1776
of Haritan		20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremation 3	□D	0.00	natary, cram	sition (Name of natory or other p	lece)	Date	20c. Location	- City or To	wn, State
Saltimore, bernit. Pages 1 ar bepartment of Has moortant: If item: ny Injury or othe		4 Donation 5 Other (Spe			t-Wash	ington	Crematory3	3-13-97	Laurel	Mar	brelve
Baltim permit. Pag Departmant Important: Is any Injury o		21. Signature of Funeral Service Lie	censee	Dar	22	Name end Add	Iress of Facility				yland
Depariment any Ir		20	DO 14	200			Witzke Fur Columbia F				
Examiner	Examiner	resulting in death)	b	Due to (or	ns leu						
The law requires that the death cartificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	c		as a conseq		_				
cartificate cartificate ading physical and the second	Medical	resulting in death) Last	d	Due to (or a	as e consequ	ience of):					
death car he attandin ed for use	Physician/	Part II. Other significant conditions	contributing to death	but not result	ing in the un	derlying cause	given in Part I.	23b. Dld to	bacco uas co	ntributs to	the cause of death
that tha de ted by the a								1 🗆 Yı	88 2□ No	3 Prob	ably 4 Phiknov
dS, F	d by									T 0.41- 144-	· · · · · · · · · · · · · · · · · · ·
OI VICAL DECOLUS, Physician: The law requires the this certificate has been signeral director, page 2 should be	Completed							24e. Was a perform		ava	re autopsy findings llable prior to apletion of cause eath?
Tha law ate has page 2	E							1/9/4	s 2 No	10	Yes 2 No
	Bec	25. Was case referred to medical					26. Place of Deet				294110
Physician: this certific		examiner? 1 ☐ Yes 2 🖫 No	Hospital:	ion ODE	D/Out-sties	20 DOA 0	ther				
Attending Physician: or daath. octor: Aftar this certific by the funeral director,	1: To	27. Manner of Death	1 Inpet		R/Outpatient 8b. Time of			me 5 Reside)
f or Attending F after death. Director: After d in by the funer	Certification:	1 Natural 5 Pending investigat	28a. Date of Inj (Month, Di	ay Year)	Injury	28c. Inj W	ork? ☐ Yes 2 ☐ No		n nyany adda.		
or Attendal after daath. Director: A d in by tha fr	lica	3 ☐ Suicide 6 ☐ Could not	be 200 Place of In	niune - At hom	o form otro	et, factory, office		28f. Location (St.	reet and Numb	ner or Bural	Poute Number
or after	T	4 ☐ Homicide determine	building, e	tc. (Specify)	io, raini, sile	ot, lactory, office		City or Town		or or rioral	riodia rantos,
To the Hospital or Attent within 24 hours after deal To the Funeral Director: completely filled in by the	edical C	29a. Certifier f Certifying (Check only 2 Medical Ex	Phyaician: To the best	t of my knowl	edge, death	occurred at the	time, date end place,	and due to the ce	ouse(s) end me	enner as sta	ated.
the hin 2.	9	one)	and manner s	tated.							
5 to 000	Σ	29b. Signature and title of certifier					nse number	25	ed. Dete signe	d (Month, E	ay, Year)
		Man Cs	eli n.	D.		PO	8630	1	larch	11,1	197
5		30. Name and address of person wh	o completed cause of	deeth (Item 2	?3a) (Type, F	Print)					
0.0		Mansur Shonali	, n.s. :	12 S	m4 6	reene S	treet, Bo	Hinore	, ho	212	01
Sta	ate	31. Dete filed (Month, Day, Year)	Joza Hegiat	ar's Signatu	Carlell		,				
Regist	rar	MAR 1 4 19	3/ 100								



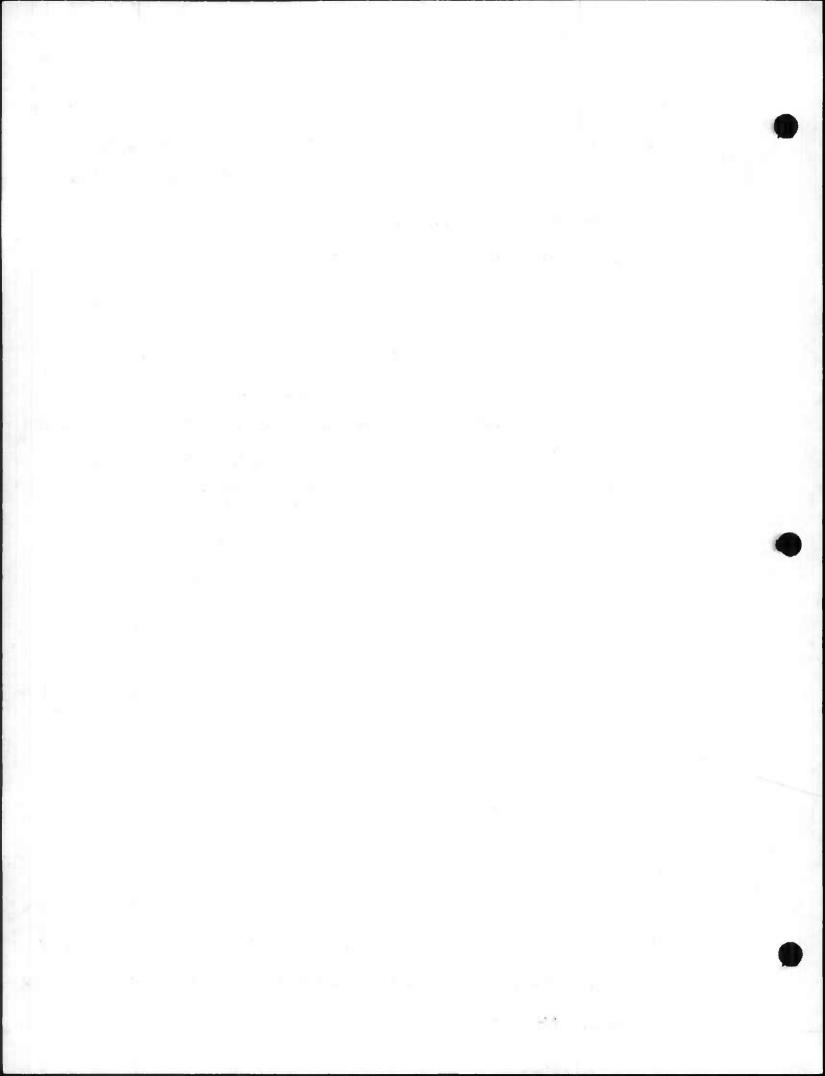
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath PAUL **Physician** Month MAZEL .05 AH MARCH 10 /Medical 4a. Facility Nama (If not institution, give street and number, 4h City Town or Location of Death 4c. County of Death Examiner Suburban Hospital If Undar 1 Yaar If Undar 24 Hrs. Hours Min. Bethesda Montgomery 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** Birthplaca (Stata or Foraign Country) 18 M 2□ F Yrs. Director 71 229-22-4279 Nov 27, 1925 Virginia Usual Rasidance of Dacedeni death with the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-1 show "natural", or items 23a or 28a-f shov edical Examiner must be notified at Director 1 Vas 2 □ No MD Montgomerv Chevy Chase 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 7109 West Greenvale Parkway 20815 Funeral Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 12. Was Decedant Ever in U,S. Armed Forcas? 14. Race - American Indian, Black, White, atc. permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or enough injury or other traumatic event 1 ☐ Navar Married 2 ☑ Married 1 ☐ Yas 2 ☐ No If Yes, Giva Yaar or Datas: 1 ☐ Yas 2 X No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Dacadant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Professor Medical School 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Simon Mazel Sara Blumberg 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zlp Coda) 7109 West Greenvale Parkway, Chevy Chase, MD 20815 Clara Mazel spouse 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 🎇 Ramoval from Stata 4 □ Donation 5 □ Othar (Spacify) 3/12/97 Norfolk, Virginia Forest Lawn Cemetery 21. Signatura of Furnital Service Licurise 22. Nama and Addrass of Facility Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707-4389 23a. Part1. Enter the disase or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fell results only one cause on each line. Approximata Interval Batwaan Onsat and Death **Physician** /Medical BOWEL ISCHEMIA Immediata Causa (Finel ACUTE diseesa or condition rasulting in deeth) Examiner Physician/Medical Examiner siclan and buriel-transit requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Ceusa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): P.O. Box 68760. the Dua to (or as a consequence of): use been signed by the a should be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? CORONARY ARTERY DISEASE 1 Yes 2 No 3 Probably 4 Whitenown Records, þ Completed END STAGE RENAL DISEASE 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Hospital or Attending Physician: The law page 2 1 Yes 2 No 1 ☐ Yas 2 ☐ No Division of Vital director. 25. Was casa rafarrad to medical axaminar? 26. Place of Daath (Check only ona) Hospital: 1 Pinpatiant 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Certification: To this funeral 28e. Data of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 Naturel 5 Pending invastigation ours efter death. 1 ☐ Yas 2 ☐ No 2 Accident 3 Sulcida 6 Could not be 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida within 24 hours e To the Funeral D completely filled 29a. Certifian 1 Cartifying Physician: To the best of my knowledga, deeth occurred at tha tima, data and plece, and dua to tha causa(s) and mannar as statad. Medical 2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. To the 29b. Signatura and titla of cartifiar/ 29c. Licansa number 29d. Data signed (Month, Day, Year) 041119 an o ms MARCH 10, 1997 30. Neme and address of person who complated cause of death (Itam 23a) (Type, Print) 50 W EDMUNSTON DRIVE # 303 ROCKVILLE MD 20852 SHARMA 31. Dete filed (Month, Day, Yaar) 32. Registrar's Signatura State

Achi Studen Ravell

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene 9 /

							Cen	tificate	e of	Death			Reg. No.			
Division		1. Decedent's Neme (First, Min										2. Dete of De Month		Voor	3. Ti	me of Deeth
Physic /Med		Francis Alle	n Moth	nersh	ead							March	16, 19	97 Year	6:0	00 am
Exami		4e. Fecility Neme (If not institu	tion, give str	reet and nu	m <i>ber)</i>					4b. City, Tov	wn, or Lo	ocation of Deeth	4c. Cou	inty of Deeth	1	
		16916 Melbou	rne Dr	cive						Laure			Pri	nce Ge	eorge	9
Funerai Director		5. Sociel Security Number 215–26–0657 Usuel Residence of Decedent	6. Sex	M 2□ F	7. Age (In	n yrs. last birt	Yrs.	If Under Months	1 Year Deys		24 Hrs. Min.	8. Dete of Bir (Month, De Dec 18	y, Year) , 1930	9. Birth Cor Was	nplece (S untry) 1 • , I	tate or Foreig
land	1	10e. State 10b. Cour	nty		10	c. City, Town	or Loc	ation		·					10d. Insi	de City Limits
Mary	Ö	MD Prin	ce Geo	orge		Laur	el								1 🗆	Yes ZXXV
h the Marylans r 28a-f show	Je C	10e. Street end Number						10f. Zip	Code			T	10g. Citizen	of Whet Co	untry?	
deeth with the Maryland ims 23e or 28e-f show	O O	16916 Melbou	rne Dr	cive					2070	07			U.S.	Α.		
ter deetl Neme 2	ner	11. Meritel Stetus	12	. Wes Dec	adent Ever	r in U,S.	13. W	es Deced	lent of I	Hispenic Orig	oln? (Sp	ecify Yes or No Rican, etc.)	14.1	Race - Amer		en,
of tar	by Funeral Director	1 ☐ Never Merried 2 ☑ N 3 ☐ Widowed 4 ☐ Divord		Armed F 1 Tes If Yes, G Yeer or I	No No			Yes, spec			, Риепо	HICAN, etc.)		Bleck, White ecity: W	nite	
72 hours	Completed	15. Deced (Specify only hig	ent's Educa)	16e.	Decede	ent's Usue	ol Occu	petion	of work	rina	16b. Kind o	f Business/I	ndustry	
y within jiana.	npie	Elementary/Secondery (0-12 Grade 12			1-4or 5+)		life. D	O NOT us	e retire	during most	or work	9				
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naryian 2 should be f and Mentel I is marked of sumatic eve	2	Andrew Mothe										rances				
re, Maryland s 1 and 2 should be file f Health and Mentel Hyy fem 27 is marked othe other traumatic event,		19e. Informent's Name/Reletic										ral Route Number				
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ESSITIMORE, permit. Pagas 1 an Depertment of Heal important: If Item any injury or other once.		20e. Method of Disposition 1 ☐ Burlei 2 🎇 Cremetic	n 3 □Ren	novel from	Stete	Ob. Piece of cemeter	y, crem	atory or of	ther pla	ica)	N	Mar 19,	20c. Locati	on - City or 1	lown, Ste	ete
Saltimore, emit. Pagas 1 ar bepertment of Hear mportant: if them iny injury or other		4 Donetion 5 Other	(Specify)			Metro	_					1997	Caton	sville	, Ma	ryland
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- 00 = 0 a		1 ans		_			3	13 Ta	albo	ott Av	enue	Laure	1, Ma	rvland	20	707
		23a. Pert1. Enter the diseese, shock, or heart failure. L	or complica only one	tions thet cause on	caused the	deeth. Do n	not ente	r the mode	e of dy	ng, such es o	cardiec	or respiretory e	rest,	-	Appro	ximete el Between
Physician			1	-	/	1	1							1	Onset	end Deeth
/Medical Examiner		Immediate Cause (Fine)	θ.	16	art	fau	w	e						i	/	HR
Examiner	L	resulting in deeth)	•	-	Due	to for as a c	onsequ	ence of):	0	N.						
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6876U, ficata be a: physician ss tha burla	Medical	thet Initieted events resulting in death) Lest			Due	to (or as a o	onsequ	ence of):)						1		
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that the death cered by the attendir	Physician/	Pert II. Other significant cond	itions contril	buting to d	leath but no	ot resuiting In	the un	derlying ca	ause gi	ven in Pert I.			1/			use of death
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lecords, P.O. law requires that the les been signed by th	d by					· · · · · · · · · · · · · · · · · · ·						24a Wes	en eutopsy	24b. V	Vere euto	opsy findings
Peed should	ete											perfo	rmed?	8	vallable pompletion	prior to n of cause
e law	Completed					•									of deeth?	
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this aldi	To.	1 Yee 2 No 27. Menner of Deeth		28e. Dete		2 ER/Out	tpetient ime of		A	4 LI Nui	rsing Ho	28d. Describe	dence 6 🗆		ify)	
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Attending or death.	icat	3 Sulcide 6 Cou	stigation Id not be	DO Dies	a of Internal	A4 b 4	4] 162 Z [] r	40	20f Location (Street and N	umbas os Bu	ent Planete	Ali ma franc
LIVISION I or Attending I after death. I Director: After I h by the funa	Certification:	4 Homicide dete	mined	build	ling, etc. (S	At home, fer pecify)	m, stre	et, rectory	, onica			City or To	vn, Stete)	imber or Au	rer noute	rvumber,
LIVISION OF VITAL HC To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this cartificate he completely filled in by the funeral director, page	edicai (29e. Certifier 1 Certific (Check only one) 1 Medic	ying Physici al Examiner	r: On the t	e best of my easis of exa nner steted.	y knowiedge, minetion end	deeth	occurred e estigetion,	et the ti	me, dete end oplnion, deet	d pleca, th occur	and due to the red et the time,	ceuse(s) end date end ple	l menner es ce, and due	steted. to the ca	use(s)
with! To the	W.	29b. Signeture and title of certi	fier	-	/	0		29c	. Licen	se number			29d. Date si	gned (Month	Day, Ye	ear)
1.		1 hom	asA	Ma	efe	an.	my)	1)	15-16	61		3/17	1/97	7	
29		30. Name end eddress of person	on who com	pleted cau	se of death	(Item 23a) (Type, P	rint)			-	,		/ /		
V		Thomas A. M	. /	EAN	mo		150	FORS	-11	leade	Ro	d Li	tune/	, mo	20	1724
St	ate	31. Dete filed (Month, Day, Yea		32. F	legistrar's	Signature			-							
Regist	rar	MAR	1819	997	Julia	d) luttle	rha	Wall								
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year LILLIAN **MORGAN** MARCH 1997 12:02 A.M. 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Deeth Willow Ave. Frederick Frederick if Under 1 Year if Under 24 Hrs. 6. Date of Birth (Month, Dey, Year) 7. Aga (In yrs. last birthdey) Birthpleca (Stete or Foreign Country) 1□M 20F Days Yrs 93 Maryland Oct. 26,1903 Usuei Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No Maryland Frederick Frederick 10f. Zip Coda 10g. Citizan of Whet Country? Willow Ave. 21701 United States 12. Wes Decedant Evar in U,S. Armed Forces? Race - American Indien, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-It Yas, specify Cuban, Mexican, Puerto Rican, atc.) 1 Yes 2 No it Yes, Give Yeer or Detes: 1 Never Marriad 2 Merried 1 Yas 2 No Specify: 3 Widowed 4 □ Divorced White 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker own home 17. Fether's Neme (First, Middle, Last) 16. Mother's Neme (First, Middla, Meidan Surnama) FRANK D. MILLER GEORGIA 19e. Intormant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Kimberly R. Morgan/granddaughter 312 Willow Ave. / Frederick, Maryland 21701 20b. Pleca of Disposition (Neme of cematary, cremetory or other plece) 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Mount Olivet Cemetery 3-18-97 Frederick, Maryland 21. Signature of Funerel Service Licenses 22. Nama and Address of Facility Stauffer Funeral Home 23a. Part 1 offer the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shops or heart fellure. List only one cause on each line. 1621 Opossumtown Pike/ Frederick, Md. 21702 Approximete interval Betwo Onset and De Due to (or as a consequenca of): Dua to (or es e consequence of)

/Medical

Sequentielly list conditions, if eny, leeding to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest

27. Manner of Deeth

1 Divatural

2 Accident

3 Suicide

29e. Certifier

4 Homicide

(Check only one)

immediete Ceuse (Final diseese or condition resulting in deeth)

Pert it. Other significant conditions contributing to daeth but not resulting in the underlying cause given in Part i. u 25. Wes case referred to medice exeminer?

1 Yes 2 No

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Wes an eutopsy performed?

24b. Were autopsy tindings eveilable prior to completion of cause of death? 1 Yas 2 No 1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Dey, Year)

26. Place of Deeth (Check only one)

Other: 4 Nursing Home 5 Aesidence 6 Other (Specify)

28d. Describe how injury occurred

28c. Injury et Work? 1 Yes 2 No

28t. Location (Street end Number or Rural Routa Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the besis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

300

28a. Dete of Injury (Month, Day Year)

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) W. Ninth St. / Frederick, Md. 21701

State Registrar 31. Dete filed (Month, Dey, Year)-

Francis

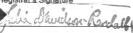
29b. Signeture and title of certitier

32. Registrar's Signature

Becker

5 Pending investigation

6 Could not be



1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

Pleca of Injury - At homa, farm, street, factory, office building, etc. (Specify)

28b. Time of

Directo Funeral

Funeral

Director

Physician

/Medical

Examiner

312

5. Sociel Security Number

214-48-4136

10e. Street and Number

11. Meritei Stetus

312

20e. Method of Disposition

10a Stete

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "naturel", or hams 23a or 28a-1 show any injury or other traumatic event, the Medical Emerica.

ð

Completed

Physician Examiner physician and the burlel-transit

Examiner

Physician/Medical

þ

Completed

Certification:

Medical

use

signed by the e

After this certificate has

To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the

funeral

Division of Vital Records, P.O. Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifica

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and the second s

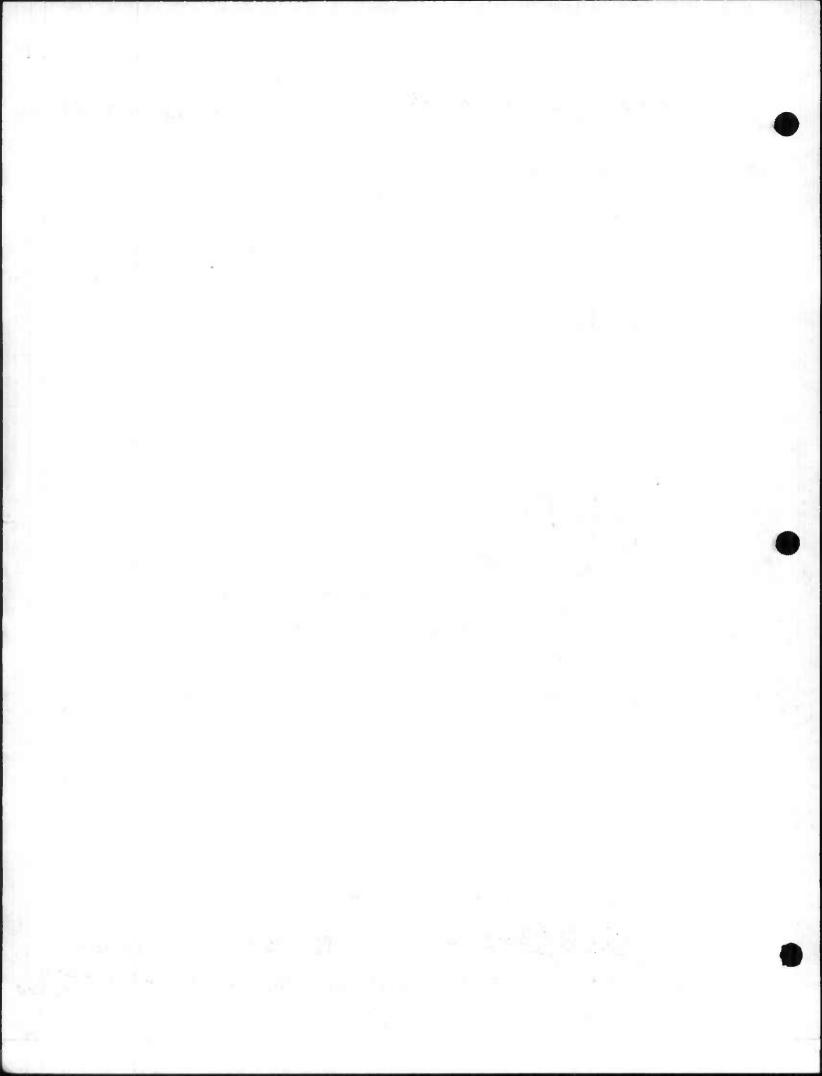
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Deta of Deeth 3. Time of Death Month 3 **Physician** MAZITIS Yaar ALEX 23,40 pm 1997 /Medical 15 4a. Facility Neme (If not institution, giva street end numbar) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Laurel Regional Hospital Laure1 Prince Georges If Undar 1 Yaar If Undar 24 Hrs.

Months Deys Hours Min. 8. Date of Birth (Month, Dey, Year) Sept. 3, 1921 7. Age (In yrs. lest birthday) **Funeral** Birthplece (Steta or Foreign Country) 1**∑** 7 2□ F 234-26-6477 75 Yrs. Director West Virginia Usuel Residence of Deceden death with the Maryland 10e. Stata 10b. County 10c. City, Town or Location show 10d. Inside City Limits r than "natural", or Items 23a or 28a-f show Maryland Prince Georges Beltsville 1 Yes 2XXVo Funeral Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5002 Garrett Avenue 20705 United States 12. Wes Dacedent Ever In U,S. Armed Forces? 1√2√4as 2 ☐ No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) Raca - American Indian, Black, White, etc. 11. Maritei Status be filed within 72 hours efter 1 Nevar Married Married 21215-0020 1 ☐ Yes XX No Specify: by White 3 Widowed 4 Divorced Yeer or Datas:1944-1946 Specify: Completed 15. Decadent's Education 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry (Specify only highast grade completed) el Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Too1/Dye Maker U.S. Government Baltimore, Maryland 17. Father's Name (First Middle Last) permit. Pages 1 and 2 should be file.
Department of Health and Mentel Hy
Important: If Item 27 is marked oth
any Injury or other traumatic event 18. Mother's Name (First, Middla, Maiden Sumema) Be Alexander Charles Mazitis Elizabeth Milkint 2 19e. Informent's Neme/Reletionship (Type, Pnint) 19b. Melling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Gwendolyn Mazitis (wife) 20e. Mathod of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Burlai 2 ☐ Cemetion 3 ☐ Removel from Stete 4 □ Domation 5 □ Other (Specify) Metropolitan Crematory 3/17/1997 Alexandria, Virginia 21. Sign 22. Name end Address of Fecility Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Maryland 20705 Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Intarval Betwaan Onset end Death Physician /Medical Immadiata Causa (Final RENAL FAILURE diseese or condition resulting in deeth) Examiner Due to (or as e consequence of): NEPHROPATHY DIABETIC or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es a consequence of) Box 68760. DIABETIC ettending physicien for use es the burie KETOACIDUSIS Physician/Medical Due to (or es a consequença of) signed by the e Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert ii. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings aveilable prior to completion of cause of deeth? Completed 24a. Wes an eutopsy performed? page 2 2 Mo certificate 1 Yes 1 ☐ Yes 25 No Be 25. Wes case referred to medical 26. Plece of Death (Check only ona) 1 Yes No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Nopatient 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 27. Menner of Death 28b. Time of Medical Certification: 28c. Injury et Work? 28d. Describe how injury occurred After Neturel 2 Accident 5 Pending death. Investigetion 1 ☐ Yes 2 No Director: / 3 Sulcida 6 Could not be determined 28a. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) efter 4 Homicide within 24 hours eff To the Funeral Di completely filled in Hospital Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner es steted.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end placa, and due to the cause(s) end menner steted. 29e, Certifier the 29b. Signature and 100 29c. License number 29d. Date signed (Month, Day, Year) accert 08307 0 Form 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) 3450 FORTMEADE RD, Swite 109 DRTAKY MOURTZANAKIS 32. Ragistrar's Signeture 31. Date filed (Month, Day, Year) State MAR 1 8 1997

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State of Maryland / Department of Health and Mental Hygiene

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					Cei	rtificat	te of L	Jeath		Re	g. No.		
Physici	ian	Decedent's Name (First, Middle			٨	NIA	TO	ANG	A 2.1	Date of Deeth Month	Day	Yeer	3. Time of Dea
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		SHADY GROVE	ADVENTIS	T HOSP	ITAL		F	ROCKVI	LLE		MONTG	OMERY	
Funerai		5. Social Security Number	6. Sex	7. Age (In yrs.	last birthday)	If Unde Months	r 1 Year		4 Hrs. 8. [Dete of Birth Month, Dey,			ace (State or Fo
Director		435-20-5998	1 □ M 2 X F	89	Yrs.	MONTHS	Deys	Hours		t. 10,			siana
		Usual Residence of Decedent											
show		10e. Stete 10b. County		10c. Ci	ity, Town or Lo	cation						10	d. Inside City L
r 28a-f show a nutfied at	Director	Maryland Monte	comerv	G	aithers	sburg							1 ☐ Yes 2
or 28	re	10e. Street and Number	, , , , , , , , , , , , , , , , , , , ,			10f. Zip				10	g. Citizen of V	What Count	ry?
23g or		19355 Frenchto	n Place				20879			,	United	Ctate	20
	Funeral	11. Marital Stetus	12. Was De	cedent Ever in U	J.S. 13. V				in? (Specify Puerto Rice			e - America	Mark Landson
r froms	Fur	1 ☐ Never Merried 2 ☐ Marr	Armed F	orces? 2 A No	1	If Yes, spe	cify Cubar	n, Mexican,	Puerto Rice	n, etc.)	Blac	ck, White, e	rtc.
al', or items Examiner in	by	3 ₩ Widowed 4 Divorced	If Yes, G	ive		1 ☐ Yes	2 🕱 No	Specify:			Specify	Whi	to
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nd Mentel Hygiene. marked other than imatic event, the Mi	Ö	17. Fether's Name (First, Middle,	Last)		DELAI	ice n					leiden Surnem		
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nerk netic	2	Ernest	Giardi	na	1445 44500		(0)				Serp		
ls r		19e. Informant's Name/Reletions									City or Town,		,
m 27		Elaine M. Guidr	ry/Daught		19355 Place of Dispo	Frei	ichto	n P1.			urg, MI		
or of		20e. Method of Disposition 1 ★ Burial 2 ☐ Cremetion	3 □Removal from		cem <i>etery</i> , cren	netory or	other place	e)	D	ete 2	Oc. Location -	City or Tov	vn, State
ant:		4 ☐ Donation 5 ☐ Other (S)			pe Mau				3/2	2/97 N	ew Orl	eans,	Louisi
Depertment of Health end Mentel Hygi Important: If Item 27 Is marked other any Injury or other traumatic event, I once.		21. Signeture of Funeral Service	Licensee	6.0	22	2. Neme er	nd Addres	s of Facility	DeVo1	Funer	al Hom	e	
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		23a. Pert I. Entar the disease, or	complications thet	caused the dee	th. Do not ent	er the mod	de of dying	, such es o	erdiac or res	piretory erre	st,	g, ru	Approximete Intervel Between
ysician		shock, or heart failure. List	only ona causa on	aach iina.									Onset end Deel
Medical		Immediete Ceusa (Final		SEPSI	5								DAYS
aminer		disease or condition rasulting In death)	Θ									-	7.72
	ē				or es e conseq	(uence or):						-	HTHOP
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al-tre	Exa	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseasa or Injury		Due to (or es e conseq	(uence of):							
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5.8	by						-					T	
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S C/	ple											of d	npletion of ceus leath?
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certificate rector, pe	Be (25. Wes cese raferred to medical						26. Plece of	of Deeth (Ch	eck only one)		
	0	exeminer? 1 ☐ Yes 2 ② No	Hospital:	Inpatient 2	ER/Outpatien	nt 3□ D0	OA Othe	r: 4□ Nurs	sing Home	5 ☐ Resider	nce 6 Oth	er (Specify)
	Ξ	27. Menner of Daeth	28e. Dete	of Injury	28b. Time of		28c. Injury Work				w Injury occur		
0 0	tlo	1 ☑Natural 5 ☐ Pending	9	nth, Dey Year)	Injury	M		i/ /as 2 □ N	0				
. O .		3 ☐ Suicide 6 ☐ Could r		e of Injury - At h	ome, farm, stre	eet, factor	v. office		28f.	Location (Str.	eet and Numb	er or Rural	Route Number,
. O .	flea		build	ling, atc. (Spaci	fy)	,	,,			City or Town,	Stata)		
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fter this ineral di	Medical Certifica	29a. Certifier (Check only one) 29b. Signature end title of certifier	Examiner: On the l and ma	oasis of exemina nner steted.	and and of the		c. Licansa	number	((29	d. Data signe	d (Month, E	Day, Year)
within 44 hours after death. To the Funeral Director: After this completely filled in by the funeral di	edical	29a. Certifier 1 Certifyin (Check only one)	Examiner: On the l and ma	oasis of exemina nner steted.	mg			number	66	29		d (Month, E	Day, Year)
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State of Maryland / Department of Health and Mental Hygiene 9 7 10293

						C	ertifica	ate of	Death		Req	. No.		-	7 4
	Division		1. Decedant's Name (First, Middle	ı, Last)						2. Dete of D	aath		V	3. Tim	a of Death
	Physic /Medi		RUTH	ME	RBER					MARCH	18	, 1997	Yaar	1:0	Opm
	Exami		4e. Fecility Name (If not institution	, giva straat and num	bar)				4b. City, Town, o	or Location of Dea	th	4c. County	of Death		
	NO.	-111	7536 SEBAGO 1	ROAD					BETHEST			MONTO	GOMER	Y	
0	Funeral Director		5. Social Sacurity Number 101-10-7434 Usuel Rasidance of Dacedant	6. Sax 1□M 2☐F	. Age (In yrs. 81	last birthda Yrs.	y) If Und Month	er 1 Yaar s Days	If Undar 24 H Hours M	U. Date OI D	irth Pay. Y	1915	9. Birthp Cour New	olace (Stentry) Yor	ete or Foraig k
	/land		10a. State 10b. County		10c. Ci	ty, Town or	Location						1	IOd. Insid	a City Limits
	Man Han	to	Maryland Montgo	omery	Bet	hesda								1XD	Yas 2 No
	3a or 284	Il Director	10e. Street and Number 7536 Sebago Road	1				ip Coda			10g	. Citizan of \		ntry?	
020	filed within 72 hours after death with the Maryland Hygiene ther than "natural", or items 23a or 28a-f show ont, the Med call Examiner must be notified at	by Funeral	11. Marital Status 1 Navar Married 2 Marri 3 XWidowad 4 Divorced	12. Was Deced Armed Ford 1	es? XNo	I,S. 13	3. Was Dec if Yas, sp	ecify Cub	en, Maxican, Pu	(Specify Yas or Narto Rican, etc.)	0-		e - Amaric ck, Whita, v: Wh		١,
	72 ho	ted	15. Dacedant (Spacify only highas	's Education		16a. Dec	adant's Us	ual Occu	petion	en dein a	16	b. Kind of Bu	usinass/In	dustry	
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2	0 5 0	To	Harold Jarmark						Helen	Jarkow					
	d 2 should th and Mer 7 is marke traumatic	-	19a. Informant's Name/Ralationsh	nip (Type, Print)		19b. Ma	iling Addra	ss (Street	and Number or	Rural Routa Num	bar, C	ify or Town,	Stata, Zip	Coda)	
	1 end 2 Health a em 27 is		Dr. Marilyn Joy	Ripin		Sam	e as	Item	#10 a-f						
Baltillole, Maryland 21213-0020	permit. Pages 1 end Department of Health Important: if Item 27 any Injury or other tr once.		20a. Mathod of Disposition 1 ☒ Buriai 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (Sp	3 Demoval from St	nte:	Placa of Discamatary, con	ematory or	othar pla		Data 3/20/97		c. Location -			
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F	hysician	0.5	shock, or newt fallura. List of	only ona causa on aac	n lina.								i	Intarval Onsat a	Between nd Death
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	n &	je		Metas	static									6 M	0.
5	cate be executed physician end sthe buriel-transit	Examiner	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury	Ь.		or as a cons							1		
	ding se as	n/Medical	Cause (Disaasa or Injury that Initiatad evants rasulting In death) Last	d	Dua to (o	r es e consi	aquance of):							
	death e etter ed for u	icia	Part II. Other significant condition	se contributing to deal	h hut not rae	ulting in the	undarheina	cours of	an in Part I	23h Die	tohe	cco uae cor	ntelbute to	the ent	an of death
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	Affe		27. Mannar of Daath 1 Natural 2 Accident 5 Panding Invastig		Injury Day Year)	28b. Time Injury	of M	28c. Injui Wo	yat rk? Yas 2 ∐ No	28d. Dascribe					
		Certification:	3 ☐ Suicida 6 ☐ Could n 4 ☐ Homicida datarmi	ned 288. Place of	Injury - At ho , atc. (Spacif	oma, farm, s	traat, facto	ry, office		28f. Location City or To	(Strae	at and Numb Stata)	er or Rure	l Routa A	lumber,
1	within 24 hours effective the function of the	edicai	29a. Cartifiar (Check only one) 1 Certifying 2 Medical E	Physician: To the be xaminer: On the basi and manna	s of axamine	wledga, daa tion end/or l	th occurred	d at tha tir	na, data end pla pinlon, daath oc	ce, and dua to the curred et the tima	caus , data	a(s) and ma and place, o	innar as st and due to	tatad. tha ceus	se(s)
10	within 2 To the	Σ	29b. Signetura and title of certifier	1)	100	29	c. Licans	e number		29d.	Data signed	d (Month,	Day, Yea	1)
	10		30. Name and address of person w	no prompletted causes	nel	23p\ /Time	Print)	D359	96		MA	RCH 1	8,199	7	
			Linda M. Burrell 31. Data filed (Month, Day, Year)	,2101 Med:	ical P	ark D	r. Si		Spring,	Md. #21	0	20902			
	Sta Registr	_	MAR 2	1 1997	istylins Signa	widson	Pandel	2							

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							Certifica	te of D	eath		Reg. N	lo.			
			1. Decedent's Name (First, Midd	dla, Last)						2. Data of Da	ath			3. Time of	Death
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	Examir		4a. Facility Nama (If not institution	on, giva straat and numbe	er)			4b.	City, Town, or	Location of Deat		lc. County of	Death		
			Holy Cross	Hospital				Si	lver Sp	oring	ı	Montgo	merv	,	
	Funeral		5. Social Security Number	6. Sex 7	Age (In yrs. I		Months	ar 1 Yaar	If Under 24 Hrs Hours Min	8. Data of Bir	th Ves	(r)	9. Birtholi	aca (State o	or Foreign
	Director		565-18-5983	110 M 20 F	85	Y	rs.			August	3,	1911	Count Ohio)	
	pur *		Usuai Residence of Decedent 10a, State 10b, Count	v	10c City	Town	or Location						44	ad toolds O	A. I toute
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	the N	Director	Maryland Montg	joinery	Tako	ma	1	- 0.1			40. 4			- ' '	2010
	with w		10e. Street and Number					ip Code			Ţ.,	Citizen of Wh		•	
	s 23	Funeral	7240 Maple Aven	12. Was Dacede	nt Ever in III	6		0912	nania Origina (i	Canally Van as Na		nited			
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20	irs of	by	3 Widowed 4 Divorce	W Van Chia		T	1 🗆 Yas	2 No	Specify:			Specify:	ldb i	to.	
21215-0020	72 hours efter death with the Maryland natural; or items 23a or 28s-f show deal Examiner must be notified at	8	112 11300 0000	ent's Education	A 444.T	16a. I	Decedent's Us	ual Occupati	ion		16h	Kind ot Busi	Whi		
215	n n	Completed	(Specify only high	est grade completed)		(Give kind of w life. DO NOT	ork done du use retired)	ring most of wo	orking		THIS OF EGG.	10001110	dony	
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lar	Aenta Aenta rked tice	TOE	Hassib Michaels	5					Emily 6	Gargour					
Maryland	sho and A		19a. intormant's Name/Relation	ship (Type, Print)		19b.	Mailing Addres			lural Route Numb	er, City	or Town, St	ate, Zip	Code)	
	elth 27 lb		Lawrence L. Bel	1 guardian		11	921 Roc	ckvill	e Pike.	Rockvi	lle.	Marv	land	208	52
ore	of He item		20a. Mathod of Disposition	- 5-	20b. Pl	aca of	Disposition (Na , crematory or	ama of other place)		Date		Location - Ci			×
Ĕ	Peg nert mr; M		1 Buriai 2 □ Cremation 4 □ Donation 5 □ Other (5		[8	_	coln Ce			3-21-97	Bre	entwoo	d. M	larvla	nd
Baltimore,	permit. Peges 1 and 2 should be filed within 72 hours effer death with the Marylar Department of Heelih and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28e-f show any figury or other traumatic event, the Medical Exagenet must be notified a once.		21. Signatura of Funeral Service	e Licensee					of Facility					J	
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	Physician	0	snock, or neart tallure. Lis	only one cause on aach	ilne.								i	Interval Bat Onset and	ween Death
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п	Examiner		disease or condition resulting in death)	a. cui			onsequence of	year						017	
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** RTUNEE MOURAL MARCH 14, 1997 5:10AM /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HEBREW HOME OF GREATER WASHINGTON ROCKVILLE MONTGOMERY 5. Social Security Number If Under 1 Year Months Days If Under 24 Hrs. 7. Age (In yrs. last birthday). 8. Date of Birth (Month, Day, Year) APRIL 28, 1903 9. Birthpiace (State or Foreign **Funeral** T□M 2XF Hours EGYPT 93 Director 043-44-3446 Usual Residence of Decede 10s State 10b. Count 10c. City, Town or Location 10d. inside City Limits r 28a-t show Director 1 □ Ves 2 □ No MD MONTGOMERY ROCKVILLE 2 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? than "natural", or items 23a or the Medical Examiner must be r 6121 MONTROSE RD. 20852 US RESIDENT Funeral 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 1 Yes 2 XNo If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yes 22 No Baltimore, Maryland 21215-0020 þ 3 Widowed 4 □ Divorced "natural". WHITE Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry than Elementary/Secondary (0-12) Callege (1-4or 5+) HOME MAKER OWN HOME permit. Pages 1 and 2 should be the Department of Health and Mental Hyg Important: If them 27 is marked other any injury or other traumer ance. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) SHABTAY NOUNOU 2 REGINA TUFAHI 19a. Informant's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) BARRY MOURAD / SON 15213 APRICOT LANE, GAITHERSBURG, MD 20878 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 Keurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) JUDEAN MEMORIAL GARDENS 3/16 OLNEY, MD 22. Name end Address of Facility EDWARD SAGEL FUNERAL DIRECTION, INC. DANIEL SIMONS 1091 ROCKVILLE PIKE, ROCKVILLE, MD 20852 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical YEARS Examiner Due to (or es e consequenca of) Physician/Medical Examiner attanding physician and for use as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last Due to (or as e consequence of): Box 68760. Due to (or es a consequenca of) P.O. signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings aveilable prior to completion of cause of deeth? Completed 24e. Was en autopsy performed? has paga 2 No 1 ☐ Yes 2 ☐ No certificate of Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To this 27. Manner of Deeth
1 Deeth
2 Accident 28d. Describe how Injury occurred Aftert Division or Attending 5 Pending investigation s after death.

I Director: Aft of in by the fur 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital 24 hours 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. To the Hosp within 24 hor To the Fune completaly fi (Check only one) ATTending Physician 29b. Signature and title of bertifier 3 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

D. D. PATELM.D. 6121 Montrose 1. M.D. 6121 Montrose Rd, Rockville, MD 20 852

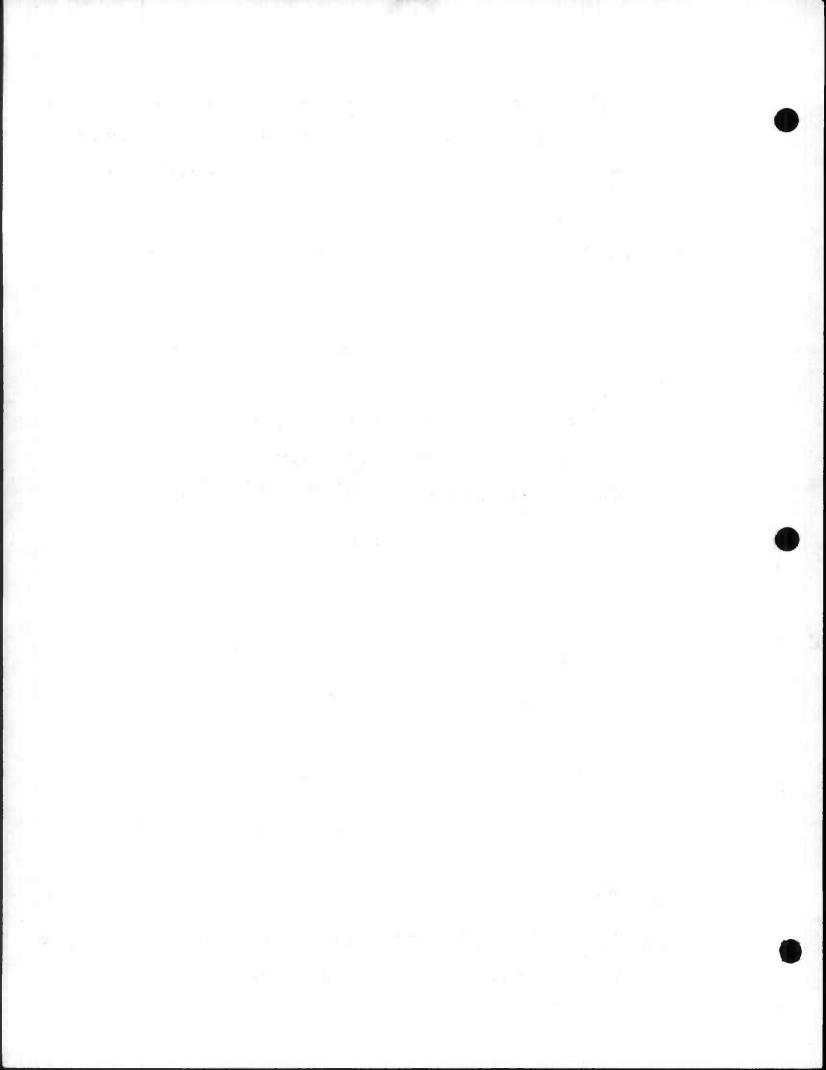
State Registrar

31. Dete filed (Month, Day, Year)

MAR 1 9 1997

32. Registrer's Signature

Julia Davidson



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth 3. Time of Death **Physician** Month LUCY M. MORTON 0250 MARCH /Medical 15 4a. Facility Neme (If not institution, giva straet and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Laurel Regional Hospital Prince Georges Laurel If Undar 1 Yaar If Under 24 Hrs. Hours Min. 5. Social Security Numbar 7. Aga (In yrs. lest birthdey) Birthplaca (State or Foreign Country) 8. Date of Birth (Month, Dev. Year) **Funeral** 1 □ M 220 F Months Deys 66 Yrs. Director June30, 424-40-3325 1930 Alabama Usuel Residence of Decedant permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hygiane. Important: If Item 27 is marked other than "natural; or Items 23s or 28s-f show eny Injury or other traumatic event, he Medical Exprinest must be presented. 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director Yes 2 No Prince Georges Beltsville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 11214 Cherry Hill Road 20705 U.S.A. Funeral 12. Was Decedent Evar In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indien, Black, White, etc. 1 Yes 2 No If Yes, Give Yaar or Detes: 1 ☐ Naver Married 2X Married 21215-0020 Black 1 ☐ Yes 2 ☑ No Specify: p 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12th State of Conn. Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Meiden Sumeme) Be Jake Green Naomi Thomas 2 19b. Malling Address (Street end Number or Rurel Route Numbar, City or Town, Stete, Zip Code) 2 0 7 0 5 19e. Informent's Neme/Relationship (Type, Print) Charles C. Morton (Husband) 11214 Cherry Hill Rd., Beltsville, MD 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ♣ Removel from State 4 □ Donetion 5 □ Other (Specify) Clark, Bell & Bell F/H 3/18 | Hartford, CN 21. Signeture of Funaral Sarvica Licensee? 22. Name end Address of Fecility SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 23a. Pent. Enter tha d'esse, or complications thet causad the death. Do not anter the mode of dying, such es cardiec or respiratory arrast, shock, or heert failure. List only or couse on each line. Approximate Intarvai Between Onset end Deeth Physician /Medical immedieta Cause (Fine! Althoroschufe Cendiovas culan Diseane disaese or condition resulting in daath) Examiner Due to (or es a consequence of):

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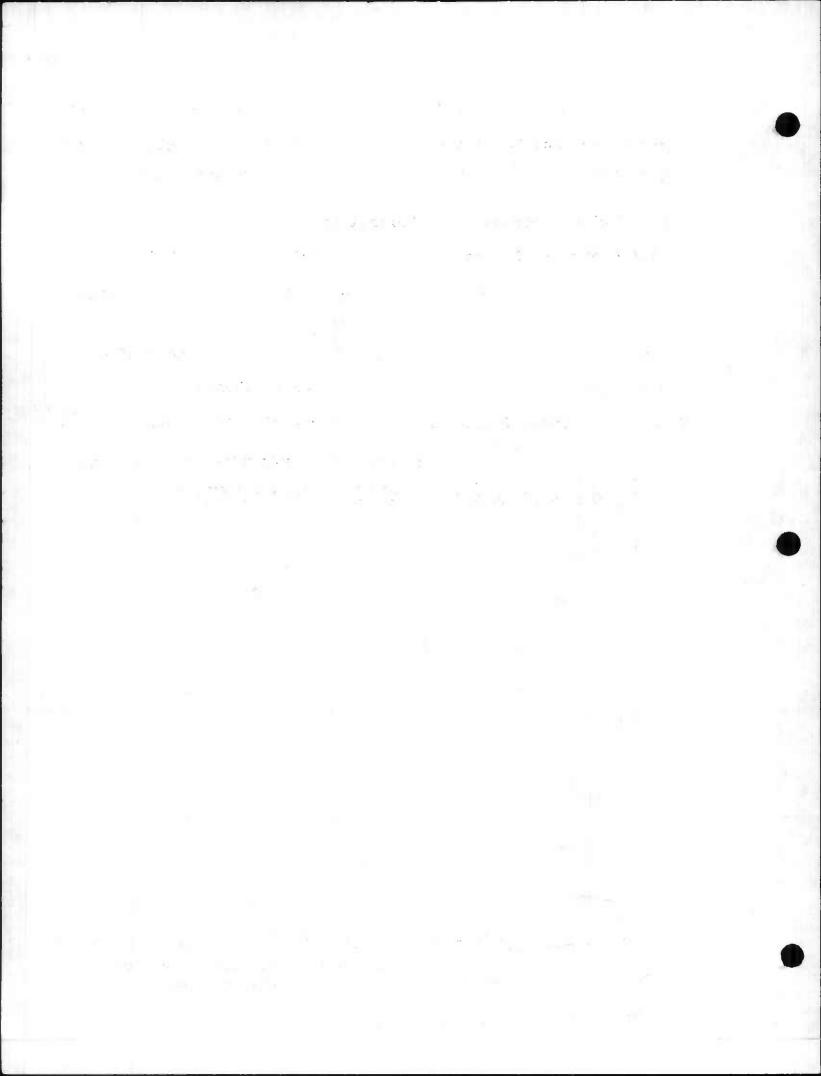
Due to (or es e consequence of): The law requires that the death certificete be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in death) Lest Dua to (or as a consequence of): Records, P.O. Box 68760, attending physician Physician/Medical Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown faiting þ Completed 24a. Was en eutopsy performed? 24b. Were eutopsy findings available prior to available prior to completion of cause of deeth? certificate 1 Yas 1 Yas 2 No Division of Vital or Attending Physician: Be 25. Was case raferred to medical 26. Place of Deeth (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) To 1 Yas 2 Ho this 27. Menner of Deeth 28b. Time of Injury Medical Certification: 28e. Dete of Injury (Month, Dey Year) 28d. Dascribe how injury occurred 28c. Injury et Work? After 5 Pending Investigation Naturel 1 ☐ Yes 2 ☐ No 2 Accident Director: / 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homlcide within 24 hours af To the Funeral Di completaly filled In Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner as steted.
2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner steted. 29e, Certifier To the F 29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Year) 29c. Licensa number March 15 1997 cherry LM # 211 rel mb 20 7.8 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 9101

State Registrar

31. Dete filed (Month, Dey, Year)

32. Registrer's Signature

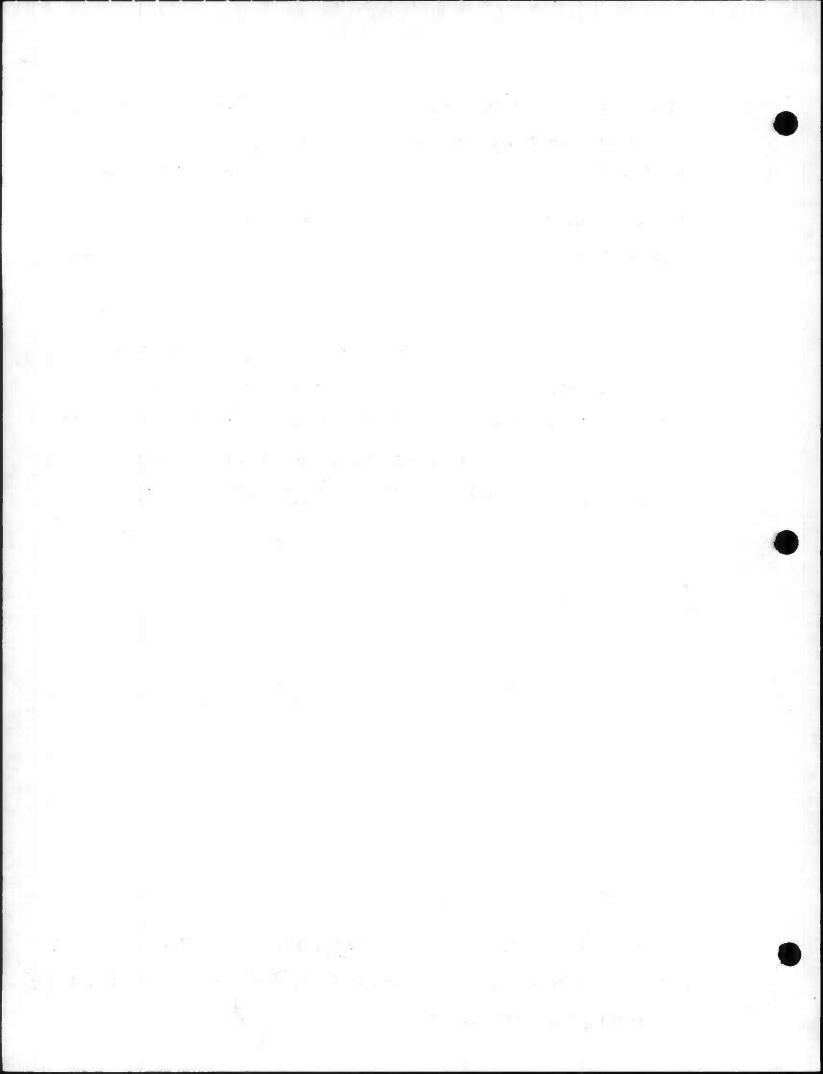
MAR 1 8 1997 Julia Davidson Pandall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

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Vis	Attendi r death ector: A by the f	100	3 ☐ Suicide 6 ☐ Could not be determined 28e. Placa of Injury - At hom	ne, ferm, street, factory, offica		28f. Location (Str.		or Rural F	Route Number,
ā	a after	Certification:	4 ☐ Homicide bullding, etc. (Specify)			City or Town,	, State)		
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer		29a. Certifier (Check only Certifying Physician: To the best of my knowl	ledge, deeth occurred et the time	e, dete end place,	and due to the ca	use(s) end menr	ner es stet	ed.
	he H in 24 he Fi	edlcai	(Check only one) 2 Medical Examiner: On the besis of examinetic and manner stated.	on end/or investigation, in my op	inion, deeth occur	red et the time, da	ite end plece, an	d due to th	ee cause(s)
	To the Total	Σ	29b. Signature and title of cartifier	29c. Licensa	number	29	d. Date signed (Month, De	y, Year)
			Ht. A. Okenmo	D31	172		YAn 1	1.1	997
	5		30. Name end eddress of person who completed cause of deeth (Item 2	23e) (Type, Print)	1000	-	0	1	
			H.A. OKON 3460 ELUCOTT	- CENTEN DA	1037	SUCOT	TUTY	M	21043
	Stat		31. Dete filed (Month, Day, Year) 32. Registrar's Signetu						
	Registra	ar	MAR 1 4 1997 Fall Shwitzer	Cardall					



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Deeth 3. Time of Death Month 5:45114 Stuart 4e. Facility Neme (If not institution, give straet end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Laurel Regional Hospital Prince George's Laurel if Under 24 Hrs. 7. Age (In yrs. lest birthday) If Under 1 Yaar 8. Dete of Birth (Month, Dey, Yes Birthpleca (Steta or Foreign Country) Months Deys Hours **X**M 2□ F 90 Yrs. May 17, 1906 Pennsylvania 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's Laurel 1 Yes 2XNo 10f. Zip Code 10g. Citizen of What Country? 12129 Dove Circle 20708 United States 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - Amarican Indien, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yas 2 No If Yes, Give Yeer or Datas: 1 ☐ Yes 2XXVo Specify Specify: White XXWidowed 4 □ Divorcad 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highest grade completed) College (1-4or 5+) 4 +2 Elementery/Secondary (0-12) Chemical Engineer U.S. Government 17. Fethar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Melden Surnema) Newman Minerva Baxter 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) Alice E. Rector (Daughter) 12105 Aspenwood Lane Laurel, Maryland 20b. Plece of Disposition (Name of cematary, cremetory or other plece) 20c. Location - City or Town, Stata Data XX Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Othar (Specify) 3/17/1997 Washington National Cemetery Suitland, Maryland 22. Neme end Address of Fecility
Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Road Beltsville, Maryland20705 ations that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, ceuse on each line. Approximete Intervel Between Onset end Deeth CARDINVASIULAR DIVEASE Dua to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 Yes 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes an eutopsy performed? 2000 1 ☐ Yes 2 No 1 Yes 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 Inpatiant 2 ER/Outpetient 3 DOA 28a. Deta of injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Yes 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

9

Division of Vital Records, P.O. Box 68760.

permit. Pegas 1 and 2 should be filed within 7. Department of Health and Mental Hyglene. Important: If item 27 is marked other than "ne any injury or other traumatic event, it a Media. Baltimore, Maryland 21. Signet of Funeral Service Licens 23a. Pert1. Enter the diseesa, or con shock, or heert feilure. List only Physician /Medical Immediete Ceuse (Final disease or condition resulting in deeth) Examiner Examiner The law requires that the deeth certificets be axecuted buriel-transit Sequantielly list conditions, if any, leeding to immediata cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last and ettending physician for usa as tha burie Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by PARKINSONY à Completed cartificata hes or Attanding Physician: 25. Wes case referred to medical exeminer? Be 200 No 2 1 Yes this 27. Manper of De Affar t Certification: 1 Natural 2 Accident 5 ☐ Pending investigation daath. within 24 hours efter daath To the Funeral Director: / completely filled in by tha f 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide critifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end pieca, end due to the ceuse(s) end menner es steted.

In the best of my knowledge, deeth occurred et the time, date and pieca, end due to the cause(s) end manner steted.

In the best of my knowledge, deeth occurred et the time, date and pieca, end due to the cause(s) end manner steted. 29a. Certifie Medicai (Check ont 29b. Signat 29d. Daje signed (Month, Dey, Year) 29c. License number 0 2 cause of deeth (Item 23a) (Type, Print) DRIW(E

State Registrar 31. Dete filed (Month, Day, Year) MAR 1 8 1997

NEWMAN

5. Social Security Number

578-58-7677

10e. Street end Number

11. Mantal Status

Carroll

20a. Method of Disposition

G.

10a. State

Usual Residence of Decedent

Physician

Examiner

Funeral

Director

28a-f show

Director

Funeral

by

Completed

Be

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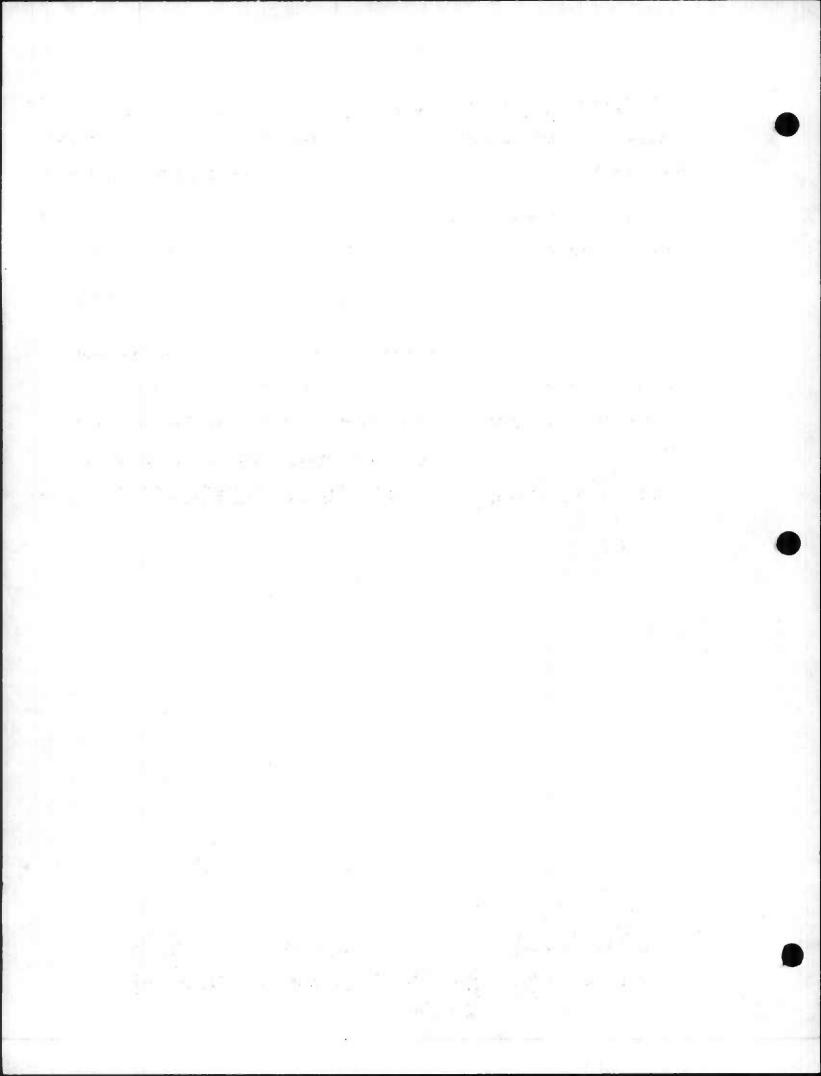
7 is marked other than "natural", or itams 23a or 28a-f shot traumatic event, the Madical Expression must be nowled as

filed within 72 hours after death with the Maryland

21215-0020

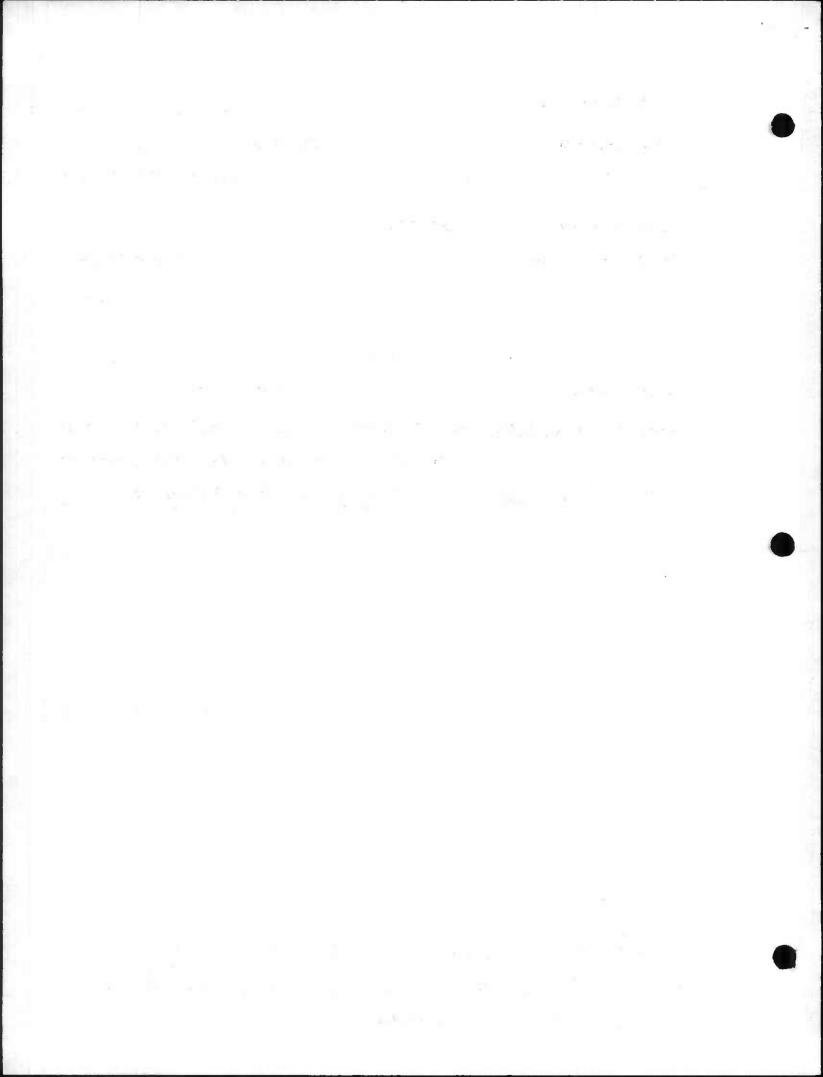
/Medical

32 Registrer's Signeture 4 Via Davidson



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Physician		-Lydia Robin	Norton	Lvd	ia R.	Norton		Month	Dey	Year	
/Medical		4a. Fecility Neme (If not institution,	ation attended and according				4h Chu Tourn o	March Location of Deeth		L997	7:30 AM
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uneral			3. Sex 1 □ M 2/ □ F i	7. Age (In yrs.		Months De			th y, Year)	9. Birthp	place (Stete or Fore
irector	-	220-42-8402		54	Yrs.			July 4	4, 1942	Flo	orida
	- h	Usuel Residence of Decedent 10e. Stete 10b. County		10c Ci	ity. Town or	Location					Od Jasida Ois Aim
23a or 28a-f show ust be notined at		Too. County		100. 01	ny, 10m1 of	Location				'	0d. Inside City Lim 1 ☐ Yes 2)(1) N
Sa-f	5	Maryland Howard	i	Co	lumbi						TEL TES ZAUT
be notined	5	10e. Street end Number				10f. Zip Code	9		10g. Citizen of	Whet Cour	ntry?
23a		11884 Bright Pas	ssage			2104	4		United	1 Sta	tes
	5	11. Meritel Stetus	12. Wes Dec	edent Ever in U	J,S. 1:	3. Wes Decedent of	of Hispanic Origin? (uben, Mexicen, Pue	Specify Yes or No	- 14. Rec		en Indien,
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by E.		3 Widowed 4 Divorced	If Yes, Gir Yeer or D	ve ates:		1□ Yes 2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lo Specify:		Specif	y: Wh.	ite
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is marked other than raumatic event, the M	0	James W. Rouse					Elizal	eth Wins	5sets		
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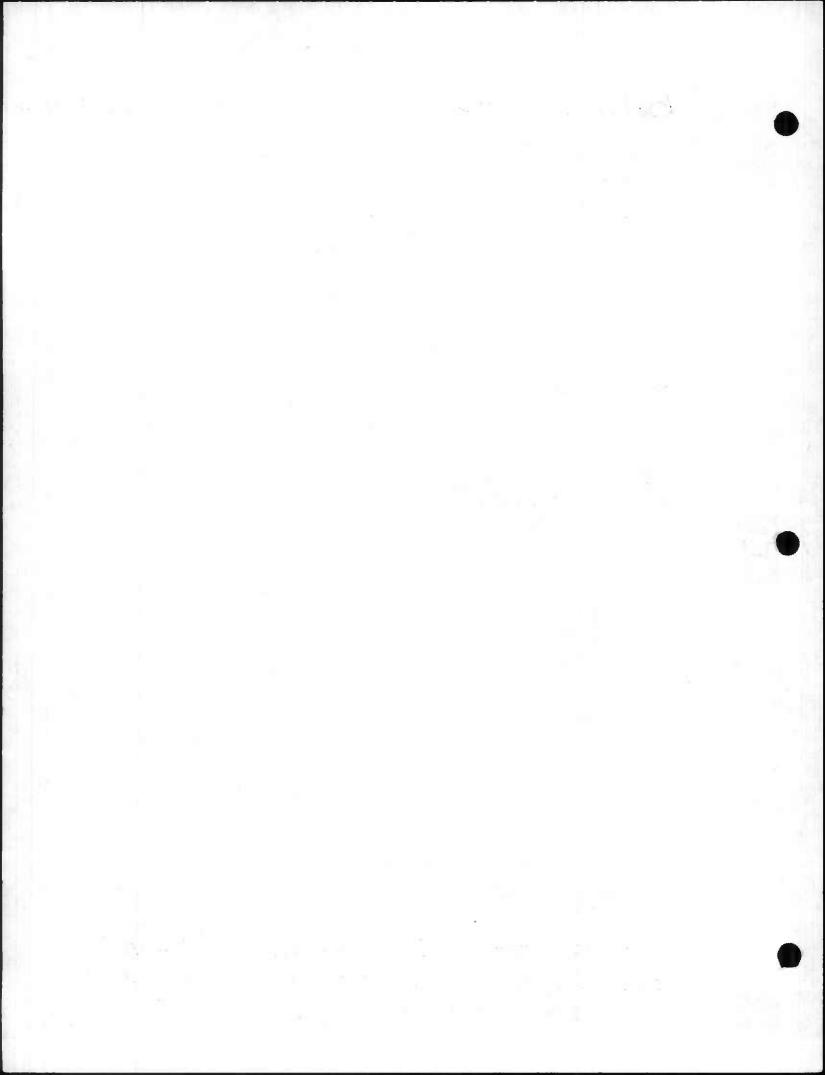
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o.	The lew requires thet the death cer site has been signed by the ettendin page 2 should be detached for use	Physician	Part II. Other significant conditions of	ontributing to death	but not ras	ulting In tha	underlying cau	sa gi	van in Part I.	,	23b. Did	tobacco usa co	ntribute to	the cause of death?
<u>.</u>	d by 1	F.	Duradia		. /	1/0.00	176	0-	11-1		10	Yes 2 No	3 Prot	pably 4 Unknown
18,	signe bed	þ	Y Y Y Y Y Y	you		in	9	<i>p p</i>	7-0	~				
Records,	v require been si should	Completed	Pstudde	V								an autopsy ormed?	ava	ara autopsy findings allabla prior to
3ec	hes t	dr											of a	mplation of cause deeth?
											10	Yas 28 No	10	Yes 2□ No
Division of Vital	Attending Physician: The Is of deeth. actor: After this certificate he by the funeral director, page	Be	25. Wes casa raterred to madical axeminar?	Hospital:				0		ot Daat	h (Chack only	ona)		
0		. To	1 Yas 2 No 27. Manner of Daath	1 L Inpa		ER/Outpatie						idenca 6 □Oth		()
2	After After fune	cation:	1 Natural 5 □ Panding		Day Year)	28b. Tima o Injury	M 280	Inju Wo			28d. Dascribe	how injury occur	red	
S	or Attending efter deeth. Director: After d in by the fune	Ical	2 Accidant invastigation 3 Suicida 6 Could not be		Injuny - At he	oma farm el			Yas 2 1		29f Location	Streat and Numb	or or Dura	I Paula Mumbar
2	effer Olred in b	Certifi	4 ☐ Homicide detarminad	building,	atc. (Spacify	/)	reat, factory, o	IIIC				wn, Stata)	rei oi nuia	nouta rumber,
	To the Hospital or Attending Phwithin 24 hours eliet cleekt. To the Funeral Director: After the completely filled in by the funeral		29a. Cartifiar 12 Certifying Phy	raician: To the be	st of my kno	wiedne deal	h occurred at t	he ti	me dete en	d place	and due to the	causa(s) and m	annar ac et	ated
	P Ho	edical	(Check only 2 Medical Examone)	Inar: On the basis and mannar	of axamina	tion and/or Ir	vastigation, in	my c	opinion, daat	th occur	red at tha time,	data and place,	and dua to	tha causa(s)
	To the To the Somp	X	29b. Signature and title of certifiar				29c. L	icans	sa number			29d. Data signe	d (Month, I	Day, Yaar)
			> W. 147	oan	M	0	10	0	2386	<u></u>		3/23	197	
1		-	30. Nama and address of person who	omplated causa o	f daath (Iten	23e) (Type							1	
			WHFOArd.	322		UAU	v Si	4	M	AN	ches	terM	12	1102
	Sta		31. Data filed (Month, Day, Year)	32 Regis	strar's Signa	tura			1			1		
	Registr	ar	MAR 25 19	1/ jugar	Wandley	round	4		2.6					



BALTIMORE, MAR	DO ATTERDISE DUVELIAR. The Jan sequitor that the death earlifeeds he executed within
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	consistent that the de
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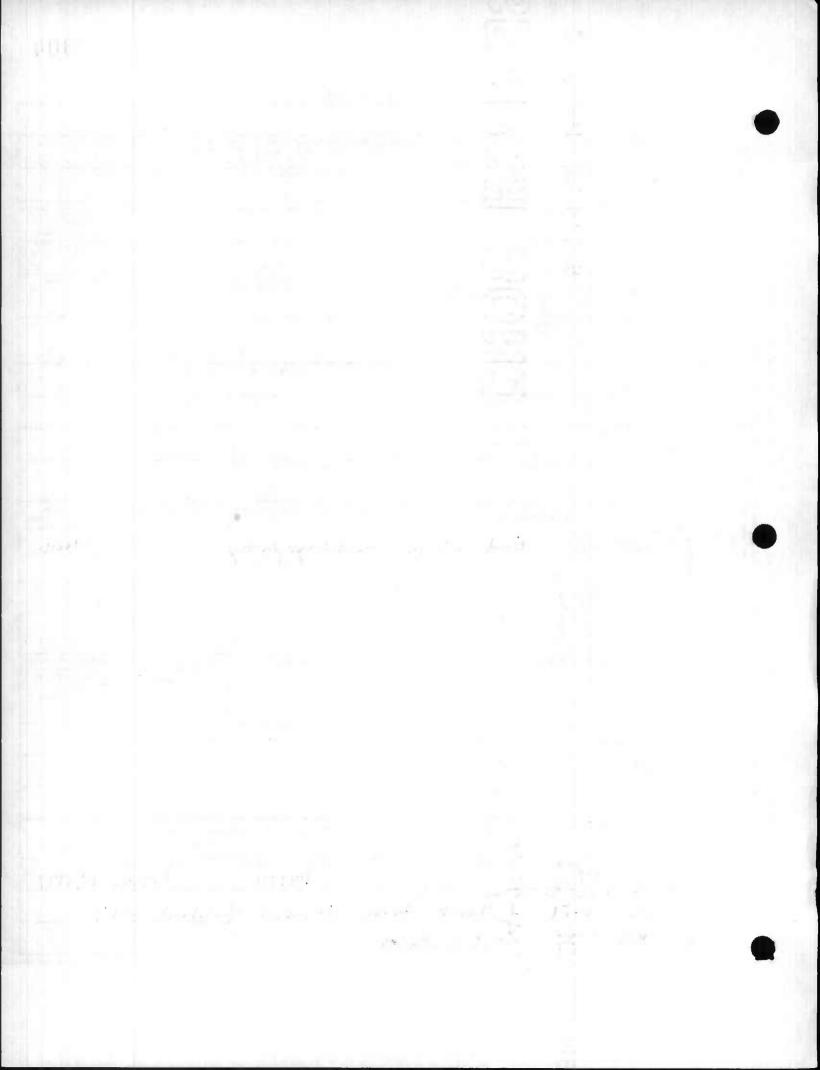
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found of the found of the standard physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should the found to the property of the page 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	1 - STATE REGISTRAR		CERTIF	ICATE OF DI	EATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	44.4	0 1		2. D	ATE OF DEATH		YEAR 3. TIME OF DEATH			
	ELSIE	MAC	ONIEG		m	ARCH	18 199	a. I.			
L DIRECTOR	4. SOCIAL SECURITY NUMBER 222-26-46-74 96. FACILITY NAME (If not institution, give s.	1 □ M 2 💢 F	8. AGE (In yrs. last birthdey) YRS.	MONTHS DAYS HO	URS MIN.	ATE OF BIRTH fonth, Day, Year)	1909 1	IRTHPLACE (State or Foreign ountry) ARY AND			
	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CCC/L RESIDENCE OF DECEDENT 9c. COUNTY OF DEATH CCC/L										
	MARY/AND CE	cil	10c. Cf	ry, town or location ELK1	ON		10d. INSIDI LIMITE 1 DYES				
FUNERAL	100. STREET AND NUMBER SLORAN 11. MARITAL STATUS	Cou	rT_	101. ZIP	21921		10g. CITIZEN OF WHAT COUNTRY?				
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO AR OR DATES	13. WAS DECENDED If yes, specify	Black, White, etc. Specify: Black						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)										
COMP	12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)										
TO BE	190. INFORMANT'S NAME (Type/Print)	W. (19b. MAILIN	G ADDRESS (Street and N	LI/I/C umber or Rural Route I	lumber, City or Tow	CAR I	30096			
Ĭ	20e. METHOD OF DISPOSITION	CAMPB		OF DISPOSITION (Name of	57.	ATE, 20c. LO	CATION — City	1980 2 or Town, State			
	1 Surfel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CONGO FUNERAL HOME										
	· Chroli	10 K	10000467	201 10	. GRAY	Ave.	- W.	In De 19805			
	23. PART I. Enter the diseases or complications that caused the death. Do not antar the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) a. End Stare Cardiomyo pathy Weeks										
z	resulting in death) a. End Stage Cardiomyo pathy Due to (or as a consequence or): Weeks										
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
PHYSICIAN: MEDICAL CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE (DF):							
	PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED?										
	PERFORMED? 1 □ YES 2 ♣ NO										
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				OF DEATH (Check on	ly one)					
SIC	1 TES 2 TO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3 🗆 DOA	OTHER: 4 Nursing Home 5	Presidence 6 (Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 280. DATE OF INJURY (Month, Dey, Year) 280. DATE OF INJURY 280. DATE OF INJURY AT WORK? 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED 1 YES 2 NO										
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	FINJURY — At home, farm, etc. (Specify)	street, factory, office	f. LOCATION (Street end Number or Rural Route Number, City or Yown, State)						
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.										
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D47711 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	David Gar-El 3 Mauldin Avenue Northeast Marxland 21901										
	MAR 2 0 1997		widson-Rondall	2							



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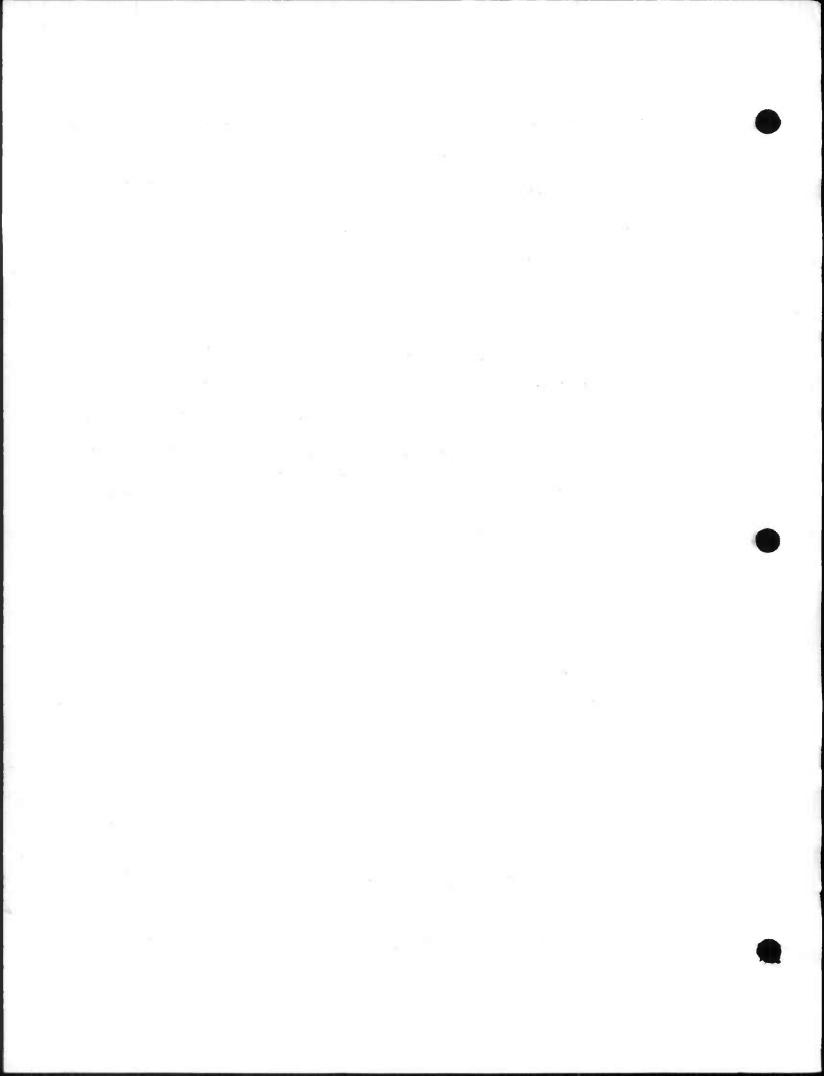
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with change in the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

_						14711				n	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) Irene Elizabeth OSBORNE 2. DATE OF DEATH MONTH														
DIRECTOR						t birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				March 20, 1997				6:10 p.m.	
	214-09-2222	1. SOCIAL SECURITY NUMBER		6. AGE (In yrs	s. last birthday) YRS.	MONTHS	DAYS.	IF UNDER	MIN.	7. DATE OF E (Month, Qui March	22,	190	8. BIRTH Country	PLACE (State or Foreign Maryland	
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	Y, TOWN (OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF D		
	Clearview Nursing Home										ashi	ngton			
ᇣ	10a, STATE	10c CIT	Y TOWN	OR LOCAT	TION										
	Maryland Washington					10c. CITY, TOWN OR LOCATION Hagerstown				1				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	10. STREET AND NUMBER 507 E. Franklin Street					101. ZIP CODE 2174				10g. CITIZEN OF W			HAT COUNTRY?		
2	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI									USA					
	1 Never Married 2 Married FORCES? 1 YES 2 X				X NO					n, Puerto Rican, etc.) Biac			Black	— American Indian, t, White, etc.	
B	3 ☑ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES						t ∐ YES	2 <u>M</u> NO	Specify	Specify				white	
	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	16a	(Give kind of	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working					D OF BUS				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)					ille. Do NOT use retired.) homemaker					her own home				
OM	17. FATHER'S NAME (First, Middle, Last)										ME (First, Middle, Maiden Surname)				
BE C	Charles Albe	ert Car	rper						Eliza	abeth	Fran	rances Grubbs			
70	Harry E. Os				196. MAILING 507	NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) E. Franklin St., Hagerstown, Md. 21740						1740			
	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State			nd date of disposition (Neme of harry or other place) Haven Cemetery 3-					DATE 20c. LOCATION — City or Town, State -24-97 Hagerstown, Maryland				
	21. SIGNATURE OF FUNERAL		ENSEE -	^		22.	NAME A	ND ADDRE	SS OF FAC	CILITY		,			
	MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md.									n, Md. 21740					
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory srrest, along one cause on each line. Approximate interval Batween Onset and Desth Dus To (OR AS A CONSEQUENCE OF): Sequentially list condition, fi any, leading to immediate														
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
	PART ii. Other significe	nt condition	e contributing to	death but n	ot resulting	in the u	nderivin	C Ceuse	given in i	Part I 24e	. WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS	
EDICAL	P		ng in the underlying couse given in P				PERFORMED?			- 240	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
Σ	High blood pressure						1 YE					LINO		OF DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
Sic	EXAMINER?		HOSPITAL:	ER/Outpetion	2 7 004	OTHE	P.								
PHYSICIAN:	27. MANNER OF DEATH	Pending	28a. DATE OF	INJURY	26b. TIN		26c. INJ WC	JURY AT		6 Other (Sp 28d. OE\$CRIE		JURY OC	CURED		
р Ву	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined					T TES 2 NO				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
		determined													
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as attedd. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.														
BE C	296. SIGNATURE AND TITLE OF CERTIFIER A CH.D. 286. LICENSE NUMBER 29d. DATE SIGNED (Monte), Day, Year) 3 24.37														
2	DR. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ETEM 271 (Type, Print) 838 Will St.														
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE														
	MAR 2	2 1 199	7 Julia	Muelson	Redall										

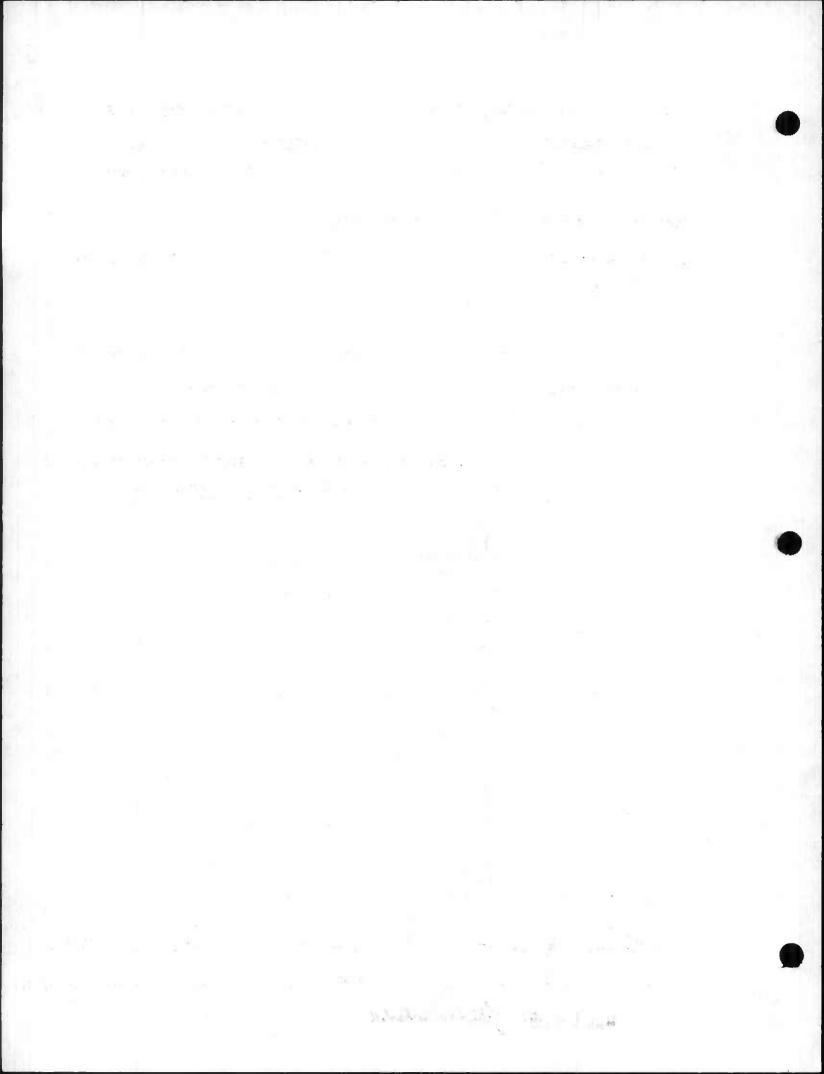


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decadant's Name (First, Middle, Last) 2. Data of Daath 3. Tima of Death **Physician** WIESSNER 1:22 PM KENNETH MAR /Medical 08 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Baltimore
If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)
Oct. 5, 1920 St. Agnes Hospital 5. Social Sacurity Numbar If Under 1 Yaar 7. Aga (In yrs. last birthday) **Funeral** Birthplace (Steta or Foraign Country) 1₩ M 2□ F Days 215-12-7639 Yrs. 76 Maryland Director Usual Rasidanca of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or itams 23s or 28s-f show the Medical Examiner must be notified at Director 1 ☐ Yas 2 No Maryland Howard Ellicott City 10e. Straet end Number 10f. Zip Coda 10g. Citizen of What Country? Completed by Funeral 9544 Frederick Road 21042 United States filed within 72 hours after death 12. Wes Dacadant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Raca - American Indian, Bleck, Whita, atc. 1 ☑ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 1942-45 1 ☐ Navar Marriad 2 ☒ Merrled 21215-0020 1□ Yas 2 No 3 ☐ Widowed 4 ☐ Divorcad Specify: White 15. Dacadent's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. int: If Item 27 is marked other than Iry or other traumatic avent, the M Elemantary/Secondary (0-12) College (1-4or 5+) Accountant U.S. Government Baltimore, Maryland 17. Fathar's Name (First, Middla, Last) 18. Mother's Nama (First, Middle, Maidan Surname) Be John Henry O'Brien Sr. Ella M. Wiessner 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Helen O'Brien/Wife 9544 Frederick Road Ellicott City, Maryland 21042 20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, crematory or othar placa) 20c. Location - City or Town, Stete 1XX Burial 2 Cramation 3 Ramoval from Stata permit. Page Department of Important: If eny injury or once. 4 ☐ Donetion 5 ☐ Other (Spacify) Crest Lawn Cemetery 3-12-97 Marriottsville, MD 22. Nama and Addrass of Facility
Harry H. Witzke Funeral Home, Inc. 21. Signature of Funaral Servica Licensaa 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part1. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heer failure. List only one cause on each line. Approximata Intarval Between Onset end Deeth **Physician** /Medical tmmediata Cause (Final A Cute injective endo carolitis disaasa or condition rasulting in death) **Examiner** ntra cramal Hemorrhage
Due to (or es a consequence ot): I or Attanding Physician: The law requires that the death certificate be executed after death.

Director: After this certificate has been signed by the attending physician and in by the funeral director, page 2 should be detached for use as the burial-transit in by the funeral director, page 2 should be detached for use as the burial-transit. Saquantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initieted avants rasulting In death) Last Box 68760 Physician/Medical Dua to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Dtd tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown Completed by 24b. Wara autopsy findings available prior to completion of causa of deeth? 24a. Was an autopsy performed? 1 🗆 Yas 2 No 1 Yas 2 No Be 25. Was case referred to medical 26. Place of Death (Check only ona) 2 Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Yas 2 No 1 Inpatiant 2 ER/Outpatiant 3 DOA Certification: 27. Manner of Death 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 A Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarminad 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28e. Pleca of Injury - At home, farm, straat, factory, offica building, atc. (Spacify) 4 Homicida To the Hospital or within 24 hours aft To the Funeral Di completely filled in 1 Cartifying Physician: To tha best of my knowledga, daath occurred et the tima, data and placa, and dua to the ceuse(s) and manner as stated.
2 Medical Examiner: On tha basis of axamination and/or investigation, in my opinion, deeth occurred at tha tima, data and place, end dua to the causa(s) and manner stated. 29a. Cartifiar Medical (Check only one) 29b. Signature and 196 of certifier 29d. Data signed (Month, Day, Year) 9140 30. Neme and addrass of person who completed causa of daath (Itam 23a) (Type, Print) ST. Agnes RAHAL Hospital, 900 Caton Ave, Baltimore, MD21227 31. Date filed (Month, Day, Yaar) 32. Registrar's Signature State John Studier Ranhell

DHMH 16 Rev 6/95



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Ple	ase Type or P							II Copies Mental Hyg		jible. 9 7	10307
			Ce	ertifica	te of	Death		F	Reg. No.		
1. Decedent's Neme (First, Midd	fle, Last)							2. Deta of Dea	ith		3. Time of Death
O. CHARLES	ATALA							Month	Dey	Yeer	7 7:39 AM
4e. Facility Neme (If not institution	on, giva street and numb	er)				4b. City, To	wn, or L	ocation of Deeth	-	ty of Deet	
Howard County	Hospital					Colu	ımb i e	2		Howa	rd
5. Sociel Security Number	-	Age (In yrs.	lest birthde		r 1 Yae	r If Under	24 Hrs.			9. Birt	hpiece (Steta or Foreign
379-20-9587	112 M 2□ F	7.5	Yrs.	Months	Days	Hours	Min.	Dec. 6,	1921		nada
Usual Residence of Decedent							-				
10a. Stata 10b. Count	<i>y</i>	10c. Ci	ty, Town or I	_ocation							10d. Inside City Limits
Maryland Montg	omery	S	ilver	Sprin	g						1 ☐ Yes 25 No
10e. Street end Number				10f. Zij	Code				10g. Citizen o	f Whet Co	untry?
12512 Castlele	igh Place				20	0904			U	SA	
11. Marital Status	12. Was Decede Armed Force	nt Ever In U	,S. 13	Was Dece	dent of	Hispanic Or	igin? (Sp	pecify Yes or No-		ace - Ame	rican Indien,
1 ☐ Never Marriad 2 ☑ Ma		No	тт	1 ☐ Yas				o i nouri, ato.		16	
3 ☐ Widowed 4 ☐ Divorce	Yaar or Dete	s: WW	11	1 🗆 1 as	200 140	specify.			Spec	iny:	√hite
	nt's Education ast grade completed)		16a. Dec	edent's Usu	el Occu	petion during mos	t of wor	kina	16b. Kind of	Business/	Industry
Elementery/Secondery (0-12)	College (1-40	or 5+)	life.	DONOTE	ise retir	ed)		9	Autom	obile	e Sales
17. Fether's Name (First, Middla	, Last)					18. Moth	ar's Nem	ne (First, Middle,	Melden Sume	ema)	
Unobtainable						01	ga V	/ixie			
19e. Informent's Neme/Reletion	ship (Type, Print)		19b. Mei	ling Addres	s (Stree			ral Route Numbe	r, City or Tow	n, Stete, 2	Zip Code)
Irene F. Bata	Ojala / Wife	2	1251	2 Cas	tle1	leigh	Plac	e, Silve	er Spr	ing.	MD 20904
20e. Method of Disposition 1 Burial 2XC Cremation 4 Donation 5 Other (3		te	Plece of Disponentery, cri	oosition (Ne emetory or	me of other pl	ece)	1	Date	20c. Location	- City or	
21. Signature of Funeral Service	yensee 10th-1	60	0	22. Name e	nd Addi	ass of Fecili	tyHin shir	es-Rinal e Avenue	ldi Fur		
234. Pert 1. Enter tha disease, or shock, or heart feilure. Lis	r complications that caus t only ona causa on each	ed tha daat line.								1	Approximete Interval Between Onset and Death
Immediate Ceusa (Final disaase or condition	. alea	Tana		-1	1	. 00	1			1	MINUTED
resulting In deeth)	ө		or es e cons			si)cen					
		Sen									4 days
Sequentially list conditions,	6 .		or es a consi	equence of)	:						1 miles
if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	J										
thet initieted events	С	Due to (o	r es a conse	quence of):							
resulting in death) Lest				- 7							
	d									i	
Pert II. Other significant conditi			ulting in the	underlying	cause g	iven in Part	l.		obacco use o		to the cause of death?
Manua	t GIBE	eed				-			20 140		- Labory - Laboratown
								24a Was a	an autoney	24h.	Were eutopsy findings

Physician /Medical **Examiner**

The law requires that the death certificate be executed sate hes been signed by the attending physician and page 2 should be deteched for use es the bunel-transit

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

Director

Funeral

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Completed

Be

2

Funeral

Director

parmit. Peges 1 and 2 should be filed within 72 hours after deeth with the Menyland Department of Heelth and Mentle Hyglene. Immortant: If them 27 is marked other than "returel", or items 23a or 28a-f show any injury or other traumatic event, the Medical Equipment mantle notified at

Baltimore, Maryland 21215-0020

Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest by Physician/Medical

ert II.	Other significant conditions of	ontributing	to death but not resulting in the underlying cause given in Par
	recurrent	61	sleed

evallable prior to completion of cause of deeth?

25. Wes case referred to medical examiner? 1 Yes 200 No

Hospitel: 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

26. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify)

1 ☐ Yas 2 No

27. Menner of Deeth 1 Selectural
2 Accident 5 Pending investigation

28a. Dete of Injury (Month, Dey Year) 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. tnjury et Work? 1 ☐ Yes 2 ☐ No 28d. Describe how injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29e. Certifier (Check only one)

3 Sulcide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

29b. Signeture and title of certifier

29c. Licansa number

29d. Data signed (Month, Day, Year)

30. Nema and eddress of person who completed cause of death (Item 23a) (Type, Print) Wirth Columbia KNOU

State Registrar

Completed

Be

Certification: To

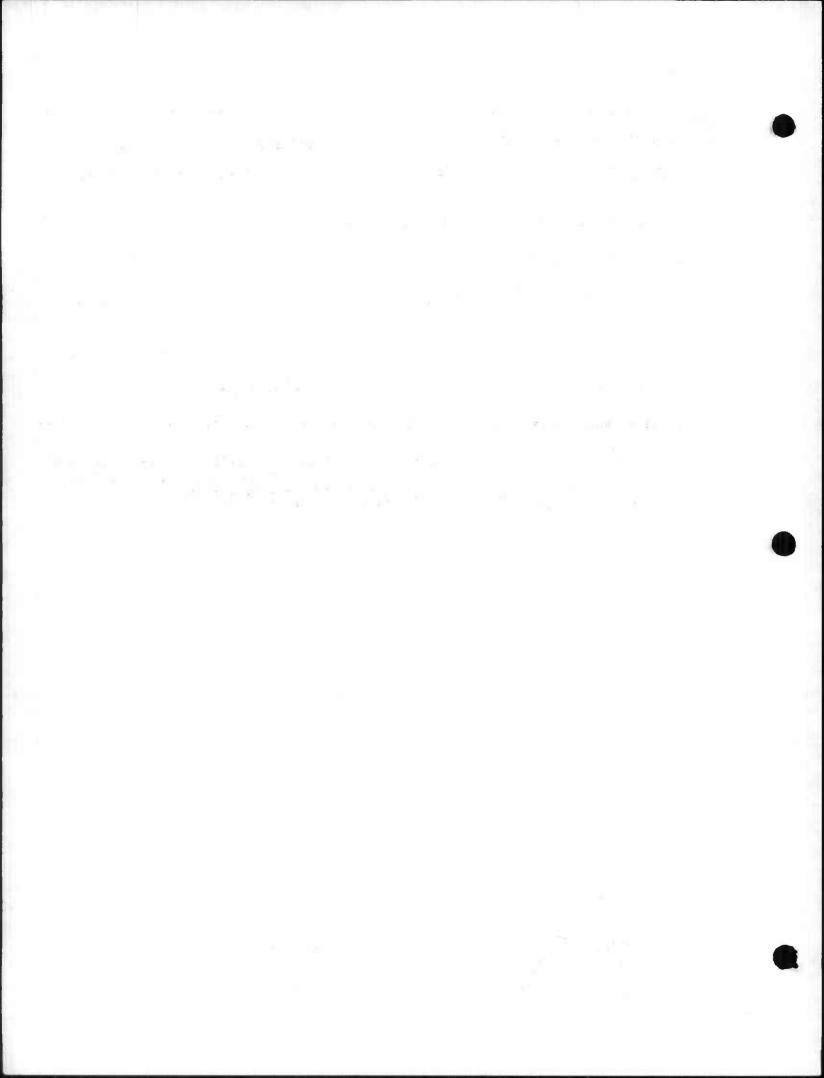
Medical

31. Dete filed (Month, Dey, Year) MAR 1 9 199 32. Registrar's Signeture Achia Savidson

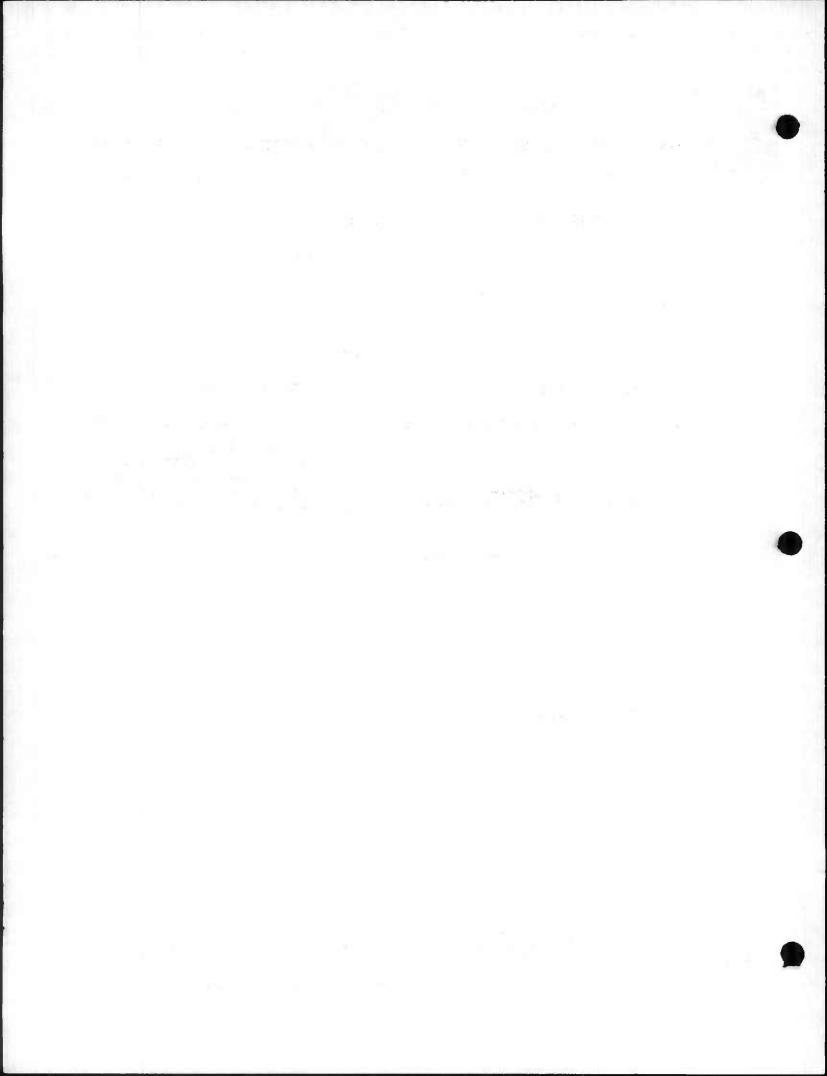
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To the Hospital or Attending Physician: The within 24 hours effect death.

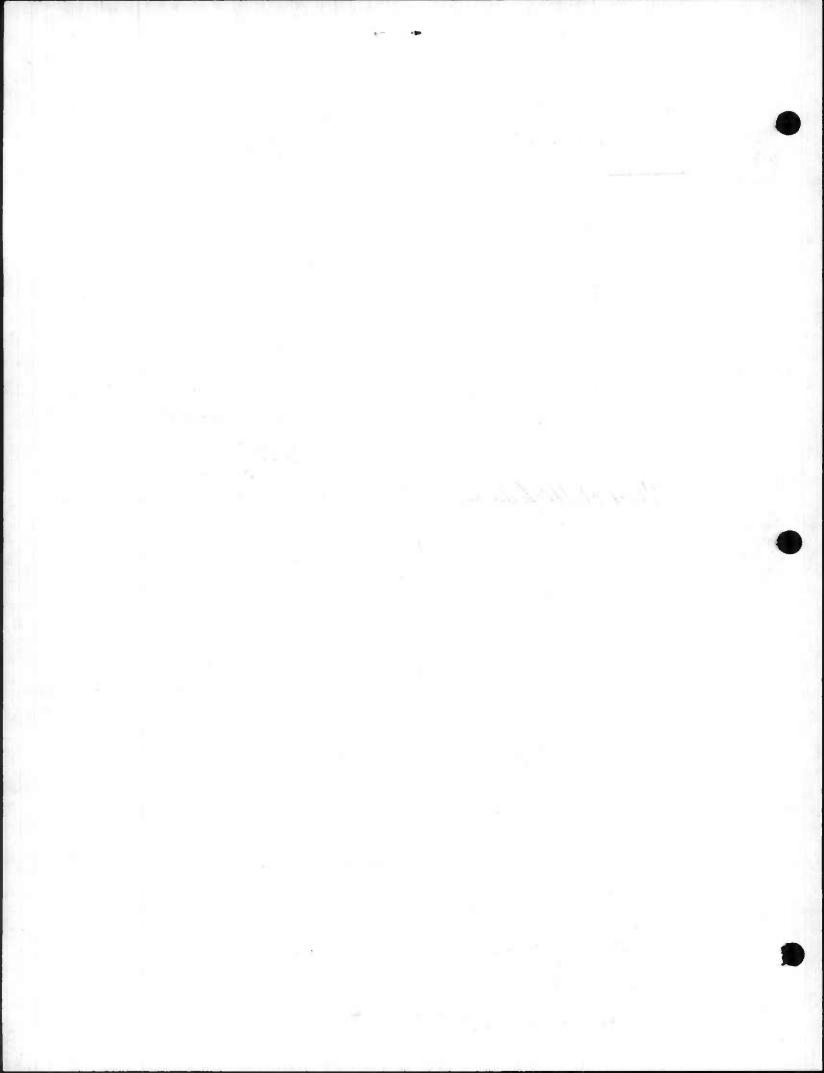
The Funeral Director: After this certificate I completely filled in by the funeral director, page



				C	ertificate of	Death		Reg. No.		
Di		1. Decedent's Neme (First, Middle, La	ist)				2. Dete of D Month		Vaar	3. Time of Death
Phys /Me	ician dical	Elisabeth I	Blaslbauer O	xendine				14, 199	Yaar 7	1:32 P.M
Exan		4a. Fecility Name (If not institution, given	ra street and number)			4b. City, Town, or L	1	. 1	ty of Deeth	
		SHADY GROVE ADVE	NTTST HOSPIT	'AT.		ROCKVILL	E	MON	TGOME	TRY
Funer	al	5. Social Sacurity Number 6. 5	Sax 7. Age (In	yrs. lest birthda	y) If Undar 1 Yaar Months Days	If Under 24 Hrs.	8. Data of B			pleca (State or Foreign
Directo	or	215-38-6162	^{1□ M 2} XF 76	Yrs	Months Days	nours win.		, 1920		tria
Du .		Usuel Rasidance of Decedent		-						
ehov d et		10e. Stata 10b. County		c. City, Town or					1	10d. Inside City Limits
M e M	ct	Virginia Freder	Lck	Win	chester					1 ☐ Yas 2 ☒ No
F 9 5	Pie	10e. Street end Number			10f. Zip Code			10g. Citizen of	Whet Cour	ntry?
23e	Ta I	621 Fawn Drive			2260	02-3508		United	State	S
within 72 hours after death with the Meryland ene. Hen "netural", or items 23e or 28e-f ehow he Medical Examiner must be notified at	Funeral Director	11. Marital Status	12. Was Decedent Ever Armed Forces?	in U,S. 1	 Was Decedent of If Yas, specify Cub 	Hispanic Origin? (Spoan, Mexicen, Puerto	ecify Yas or No Ricen, etc.)		ce - Amaric	
or h	II.	1 Never Merried 2 Married	1 ☐ Yes 2 🗓 No If Yes, Giva		1□ Yes 2[X]No			Speci	hr.	
ral.	d by	3 ☑ Widowed 4 □ Divorced	Year or Dates:					Ороск	Wh:	ite
of 2 should be filled within 72 hours aff the and Mental Hygioners of 77 is marked other than "natural", or traumatic event, the Medical Exami	Completed	15. Decedent's E (Specify only highest gre		16e. De (G	cedent's Usuel Occu iva kind of work done b. DO NOT use retire	petion during most of work	king	16b. Kind of I	Business/Ind	dustry
hen he	ם	Elamantary/Sacondary (0-12)	Collega (1-4or 5+)			ed)		0	77	
led v tygie nt, in	ပိ	12		н	omemaker				Home	
be fi	a	17. Father's Nema (First, Middle, Last				18. Mothar's Nam			me)	
Men Men marke	2	Alois Blaslba						chmeyer		
2 sh and is m		19a. informent's Neme/Relationship (ailing Address (Stree					
end ealth		Linda Rose Kauzla			28 Amber 1					20874
Pages 1 nent of H int: If Ite		20a. Method of Disposition 1 ☐ Burial 2 ☒ Cremetion 3 ☐		Ob. Plece of Dis cemetery, o	sposition (Name of remetory or othar pla	(e) March	18,1997	20c. Location	- City or To	own, Stete
permit. Pages 1 er Department of Hea Mportant: If Item 2 any Injury or other		4 Donation 5 Other (Special		Montgom	ery Crema					aryland
permit. Pages 1 and 2 should be filed within 72 hours after death with the Merylan Department of Health and Mental Hygiene. Proportant: If Iem 27 is marked other than "natural", or items 23e or 28e-1 ehow any injury or other traumatic event, the Medical Examinar must be notified at	- BOUCE	21 Signature of Funerel Service Licer	1500		22. Name end Addr.	ass of Facility Roll	bert A.	Pumphr	ey Fu	neral Home
805	a	M Michele (8)	Tulla	M00348	Rockville Rockville	, Inc., 30	00 W. M	lontgome	ry Av	enue,
		23a. Part1. Entar tha disease, or com shock, or haart failure. List only	plications that caused tha						1	Approximete
Physicia	n	STOOK, OF HEART RELIGIO. LIST OFFI	ona causa on each inte.						1	Interval Between Onset end Deeth
/Medica	_	Immediata Cause (Finel disease or condition	Acute M	vocardi	al Infarc	tion				12 hours
Examine	er	resulting in deeth)	·	to (or as e con						12 110 010
P ==	ne.									
cuter	Examiner	Sequantially list conditions.	b	to (or es a con:	sequance of):					
an a	M	Sequantially list conditions, if any, laading to immadiata ceuse. Enter Undarlying								
flicate be ex physician as the buriel	edicai	Cause (Diseese or trijury thet initieted events rasulting in deeth) Lest	c. Due	to (or as e cons	equance of):			-		
	Med	rasulting in deeth) Lest							1	
that the death cert ed by the ettendin deteched for use	and		d						1	
The law requires that the death ate hes been signed by the etter page 2 should be deteched for a	Physician	Pert ii. Other significant conditions of	ontributing to death but no	ot rasulting in the	underlying ceuse gi	iven in Pert I.	23b. Dic	I tobacco use c	ontribute to	o the cause of death?
at the	hy	Hypertension, D:	iahetes				1	Yes 2) No	3 Pro	bably 4 Unknown
es that igned be det	þ	- Hypercension, D.								
he law requires the hes been signe								s en eutopsy formed?	24b. W	ara eutopsy findings vaitabla prior to
s be	ple								co	ompletion of ceuse deeth?
The law ate hes page 2	Completed						1□	Yes 2 No	10	□ Yes 21XNo
delan: The certificate rector, pag	Be C	25. Was case referred to medicat				26. Pleca of Deal				
Physician: rthis certific ral director,	0	examiner? 1 X Yes 2 No	Hospitel:	2 ER/Outpat	ient 3 DOA Ot	her:		sidence 6 🗆 Ot	her (Specif	fv)
Phys or this eral d	- L	27. Menner of Deeth	28e. Dete of Injury	28b. Time	of 28c. Inju			how injury occu		"
Attending or death. ector: After by the fune	100	1 ØNaturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey Ye	ar) Injur		ork?]Yes 2∐No				
or Attending Physician: Teffer death. Director: After this certificat in by the funeral director, p	fica	3 ☐ Suicide 6 ☐ Could not b	e con Dines of laws	At home, ferm,	street, fectory, office		28f. Location	(Street end Num	ber or Rure	el Route Number,
or A effer Direct	Certification:	4 Homicide	building, etc. (S				City or To	own, Stete)		
To the Hospital or Attending Ph within 24 hours offer death. To the Funeral Director: After th completely filled in by the funeral		29a. Certifier 1 Certifying Ph	ysiclen: To the bast of my	/ knowtadga, de	ath occurred et tha ti	ime, date end plece.	and due to the	a cause(s) and n	nennar as s	stated.
P Ho 24 h Fur	edical	(Check only 2 Medical Examone)	ninar: On the basis of exe end menner steted.	minetion end/or	invastigation, tn my	opinion, daath occur	red at tha tima	, deta end plece	, end dua to	o the ceuse(s)
omp	×	29b. Signature end title of certifiar	2 11		29c. Licen	se number		29d. Data sign	ed (Month,	Day, Year)
AM		Dalital)	3060 UHS		D2	9300		March	14. 1	997
05		30. Neme end eddress of person who		(Item 23e) /T					/ -	
		Robert L. Gold, 1				. Rockwil	le. Mar	vland	20850	
	itate	31. Date fited (Month, Dey, Year)	32. Ragistrer's	Stonatura		, ROCKVII.	re, riai	Jama	20000	
Regis		MAR 1 8 1997		dson Pano	Lette					
			1/1							



		I	tem: 5 per Informant G-7	746 4/7/97 reb	Certificate of	Death	R	eg. No.		10005
п	D		1. Decedant's Name (First, Middle, Las	st)			2. Dete of Deet	th	V	3. Time of Death
	Physici /Medi		NANCY L.	PARKER			Month	Dey 22	Yeer Q1	0140
	Examir		4a. Fecility Neme (If not institution, give			4b. City, Town, or L	ocation of Death	4c. County	-	
			Univ. of Maryla	and Hospital		Baltinon		2	lhho	1
	Funeral		5-Social Security Number 6. Se		st birthdey) If Undar 1 Yaa	r If Under 24 Hrs.	8. Data of Birth			
	Director		260-36-5331 260-76-8593	DM 200F 50	Yrs. Months Days	Hours Min.	Month, Dey,	Yeer)		oleca (Stete or Foreign htry)
			Usual Residence of Decedent	/ / /			10000	1142	we:	st Virgin
	/lan		10a. Steta 10b. County	10c. City,	Town or Location				1	0d. Inside City Limits
	Mark to	ō	MD Queen A	Inno's Gr	ason ville					1 ☐ Yes 2 ☐ No
	the 288	Director	10e. Street and Number	Anne 5 U	10f. Zip Coda		1	0g. Citizen of	What Cour	2121
	With the second	ō		1.10		200		. \		··· y :
	eath 22	Funeral	102 EVans	12. Was Decadent Ever in U,S	13 Was Decedent of	38 Historia Origin 2 (Se	agifu Vac or No.	14 Rec	se - Amaric	an Indian
	Te de la company	5	1 Never Merried 2 Merried	Armed Forces?	 13. Was Decedent of if Yas, specify Cu 	ben, Maxican, Puerto	Rican, atc.)		ck, White,	
20	rs af	by 8	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:	1 □ Yes 2 🛛 No	Specify:		Specif	v: Wh	ite
ŏ	hou		15. Decadent's Edu		18e. Decedent's Usuel Occu	metion		16b. Kind of B	usinoss/In	dueter
75	in 72	Completed	(Specify only highast gred	de completed)	(Give kind of work done life. DO NOT use retin	e during most of work	ing	State		
212	with than	E	Elementary/Secondary (0-12)	College (1-4or 5+)	Revenue Ex			Diace	5 01	ria.
D	Hyg Hyg		17. Fether's Nema (First, Middle, Last)		nevenue Br	18. Mother's Nem	e (First, Middle, M	Aeiden Sumen	ne)	
an	d be ental	To Be	Robert Kelly				Wandel		,	
Maryland 21215-0020	mari mari	F	19a. Informent's Neme/Relationship (Tr	vne Printl	19b. Meiling Address (Stree				State 7in	Cadal
Ž	permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other traumatic event, the Medical Experience must be notified at once.		Jason Parker-Hu	,, ,	102 Evans					
Baltimore,	Haa Haa em 2		20e. Method of Disposition	20b. Pia		_				
0	nt of nt of		y Burial 2 □ Cramation 3 □F	Removal from State	ace of Disposition (Neme of metery, crametory or other planetory)	eca) March	26,19	97		
뜶	rtme rtant		4 ☐ Donetion 5 ☐ Other (Specify)	FIG	. Veterans			Hur		
Bal	Depa mpo any l		21. Signeture of Funeral Service Licens	0/1	22. Name end Addr	ess of Fecility F	'ellows	, Heli	tenb	ein &
	HUZ W U		Chad M. H.	Jenken.	Newnam F 106 Sham	rock Rd.	. Ches	ter. I	Md.	21619
			23a. Pert1. Entar the diseesa, or complished, or heart teilure. List only o	lications that caused the death. ne ceuse on each line.	Do not enter the mode of dy	ring, such as cardiac	or raspiratory arra	ast,		Approximeta Intervel Between
į.	Physician									Onset end Deeth
	/Medical Examiner		Immediete Cause (Finel diseese or condition	. Intra col	rebral Hem	ato ma				17 hours
	Examine		resulting in deeth)		es a consequenca of):					12/1001
	D #	Examiner		CARDIAL	DISEASE					
	acute and trans	E	Sequentially list conditions,		as a consequenca of):					
Ö,	e axe	Ē	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	ANTI IOA	GULATION	with (DIAM AI	2101	1	
68760	The law requires that the death certificate be axecuted ite has been signed by the attending physician and page 2 should be datached for use as the bunal-transit	edical	thet initieted events resulting in death) Lest		es e consequance of):	03	OOK CN I	21/0		
9	leath certifica attending pl	Mec								
6	th ce			d					i	
. B	dea he at ed fo	Physician/	Part II. Other significant conditions cor	ntributing to death but not result	ting In the underlying cause g	iven in Pert I.	23b. Did to	bacco use co	ntribute to	the cause of death?
J.	by the	h					1 🗆 Ye	2 19 No	3 ☐ Prot	pably 4 Unknown
ŝ	res that the designed by the a	by								
Hecords,	v require been sig should t	8					24a. Was ar			ere autopsy findings
ပ္က	s bed	plet					perion	1907	COI	mpletion of cause death?
	he la sga	Completed					1 🗆 Ve	s 20No		Yes 20 No
Vital			25. Wes case referred to medical			Of Place of Deat			10	165 20 140
	Physician: The law this certificate has ral director, page 2	To Be	axaminer?	lospitel: 1 Mnpatlent 2 E	R/Outpatient 3□ DOA O	26. Plece of Deet				,
Division of			27. Menner of Deeth		28c. Injury		me 5 Reside 28d. Dascribe ho			<u>()</u>
5	Attending For death.	흥	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident invastigation	(Month, Dey Year)		ork?]Yes 2∐No				
S	Attenditors of death.	fica	3 Suicide 6 Could not be	28e. Pleca of Injury - At hom	ne, ferm, street, factory, office		28f. Location (Sti	reet end Numb	er or Rure	/ Route Number
5	7 4 5 6	Certification:	4 Homicide	building, etc. (Specify)	of torrit off out a story; office		City or Town	, Stete)		, real or all por,
	ours ours eral filled	2	29a. Certifier 1 Certifying Phys	sicien: To the best of my knowl	adra death accurred at the t	ime, data and alone	and due to the se	uan(a) and ma		atad
	Pur Fur etaly	edical						ete end plece,	end due to	the cause(s)
	To the Hospital of within 24 hours at To the Funeral Discompletaly filled in	Me	29b. Signature and title of certifiar		29c. Lican	sa number	29	d. Date signe	d (Month.)	Day, Yaar)
	F 5 F 5) (Mules)	1.	00	+ Oleran	de	7/20	10.2-	
t		-	20 Normand 111		Kesi &	rem praysici	on	5 22	147	
			30. Name end eddress of person who co	ompleted cause of deeth (Item 2	39) (Type, Print)	0 ACT. 0. AL	MIN	2(20)		
	C4		31. Date filed (Month, Day, Year)	on manner steted. ompleted cause of deeth (Item 2 ompleted Signeture of the stete	(LEENG) (Dur (1 moles	1-00	(20)		
	Sta Registra		MAD OF 4	مراكب مسرت المراكب	Hidren Handoll					
			MAK & 5	שלו וכנו	1					



		Decedent's Nama (First, Middla, L.	State of Mary		Certificate		eath		No.		3. Tima of Death
Physic		Arthur Leone	Pease, Jr					Month March	27,1	Yaar	11:10
/Med Exami		4a. Facility Nama (If not institution, gi				4b. C	City, Town, or Loc		4c. County		
LAGIIII	1161	8010 Bridgepo	inte Drive				Chester			en Anı	ne's
Funeral Director		5. Social Security Number 6.		yrs. last birth	hday) If Under 1 Months D		Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Dey, Y July 4			ce (Stata or Foreig
D .		Usuai Rasidanca of Decedent 10e. Stete 10b. County	100	0							
72 hours effer deeth with the Maryland neturel', or items 23s or 28s-f show pics. Examiner must be nutited at	ctor		Anne's	Ches						100	I. Insida City Limit
9 2 2 E	Die	10e. Street end Number			10f. Zip Co			100		What Country	13
23a	To .	8010 Bridgepo	inte Drive			216	619		U.S.	. A .	
items items	Funeral Director	11. Maritel Stetus 1 ☐ Nevar Married 2 ☐ Married	12. Wes Decedant Evar Armed Forces?		13. Was Deceden if Yas, specify	t of Hispa Cuben, M	nic Origin? (Spe Mexican, Puerto F	cify Yes or No- Rican, etc.)		ce - Amaricar ck, White, et	
72 hours eft "naturel", or	by	3 ☐ Widowed 4 ☐ Divorced	1 Ves 2 No If Yes, Giva 195 Year or Datas.	2-56	1☐Yes 2[X	No S	pecify:		Specify	Whi	te
72 h netu	Completed	15. Decedant's E (Specify only highest gr	ducation ade complated)	1	Decedant's Usuai C (Giva kind of work o	done durin	n ng most of workin	g		usinass/Indu	
	mpi	Elementary/Secondary (0-12)	College (1-4or 5+)		lifa. DO NOT use i	ratired)				Dep	
e filed withir al Hygiene. other than vent, tre M		12 17. Father's Nema (First, Middla, Las.	, 6	Ec	conomist		Mathada Mama	(First, Middle, Ma		cultu:	re
	Be	Arthur L. Pea	•				Thelma		iidan Sumen	ne)	
should b nd Mente marked umatic e	2	19a. Informant's Name/Rejetionship		19b	Mailing Addrass (S				City or Town	State Zin C	onfe)
d 2 sho th end it 7 is me		M.Ann Pease (010 Bri						
permit. Pages 1 end 2 Department of Heelth e Important: If item 27 is any injury or other tra once.		20a. Mathod of Disposition 1 □ Burial 2 □ Gremetion 3 □ 4 □ Donetion 5 □ Othar (Speci	Removel from State (fy)	cematary	& Newn	r place) Crema Addrass of Lam I	ation (Facility Fe Funera	n 28,19 Center Llows, L Home,	97 Stev Helfe P.A.	enbei	ille, M
hysician		23a. Part1. Enter the disaasa, or con shock, or haart failura. List only	one/causa on each lina.		ot enter the moda o	of dying, su	uch as cardiac o	Ches respiretory erres	ter,	i 4	pproximata htervai Batween conset end Deeth
/Medical Examiner		Immediata Causa (Final diseese or condition rasulting In death)	a. NODUL		LYMPIO	tum,	A			1	5 /2 1
od ansit	Examiner	Sequentially list conditions	b. — Dua s	to (or as a co	onsequanca of):						
an ar		Sequantially list conditions, if any, laading to Immadiata cause. Enter Undarlying Causa (Disaasa or injury								1	
S S S	edical	causa (Disaasa or injury that Initiated evants rasulting In death) Last	c. Due t	o (or es e co	onsequanca of):						
phy.	15		d			· · · · · · · · · · · · · · · · · · ·					
eur cermiceu Ittending phy. for use as the	lan				the underlying cour	and making all the	Pert I	23b. Did tob	acco uss co	entribute to t	
ing deem y the atter ached for u	y Physician/Med	Part II. Other significant conditions of	contributing to death but not	resulting in	the undarrying caus	sa givan ir		1 🗆 Yee	₽€ No	3 Probe	he cause of death
w requires met ma d s been signed by the 2 should be detached	by	Part II. Other significant conditions of	contributing to death but not	resulting in	the undanying caus	sa giyan ir		1 Tyse 24e. Was an performe	autopsy	24b. Wara	bly 4 Unknown a autopsy findings able prior to pletion of causa
e law requires met ma d has been signed by the ge 2 should be detached	by	Part II. Other significant conditions (contributing to death but not	resulting in	the undanying caus	sa givan ir		24e. Was an	autopsy od?	24b. Wara evail comp of de	bly 4 Unknown a autopsy findings able prior to pletion of causa
as been signed by the		Part II. Other significant conditions of the con	contributing to death but not	resulting In	are undanying caus			24e. Was an performe	autopsy od?	24b. Wara evail comp of de	a autopsy findings able prior to oletion of causa ath?

To the Hospital or Attending Pl within 24 hours after death. To the Funeral Director: After it completely filled in by the funera Division

1 Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, data and placa, end due to the ceuse(s) end mannar as stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha time, data and piece, and due to the cause(s) and mennar statad.

1 ☐ Yas 2 ☐ No

29b. Signature and Mile of certifie

5 Panding Invastigation

6 Could not be determined

29c. Licanse number 29d. Deta signed (Month, Day, Year)

28f. Location (Street end Number or Rural Routa Number, City or Town, Stata)

March 28,1997

30. Name and eddress of person who completed causa of death (Item 23a) (Type, Print)

Stanley P. Watkins, M.D.; 900 Bestgate Road, Annapolis, Md. 21401 31. Data flied (Month, Day, Year)

State Registrar

Medical Certification

Naturel

2 Accident

3 Sulcida

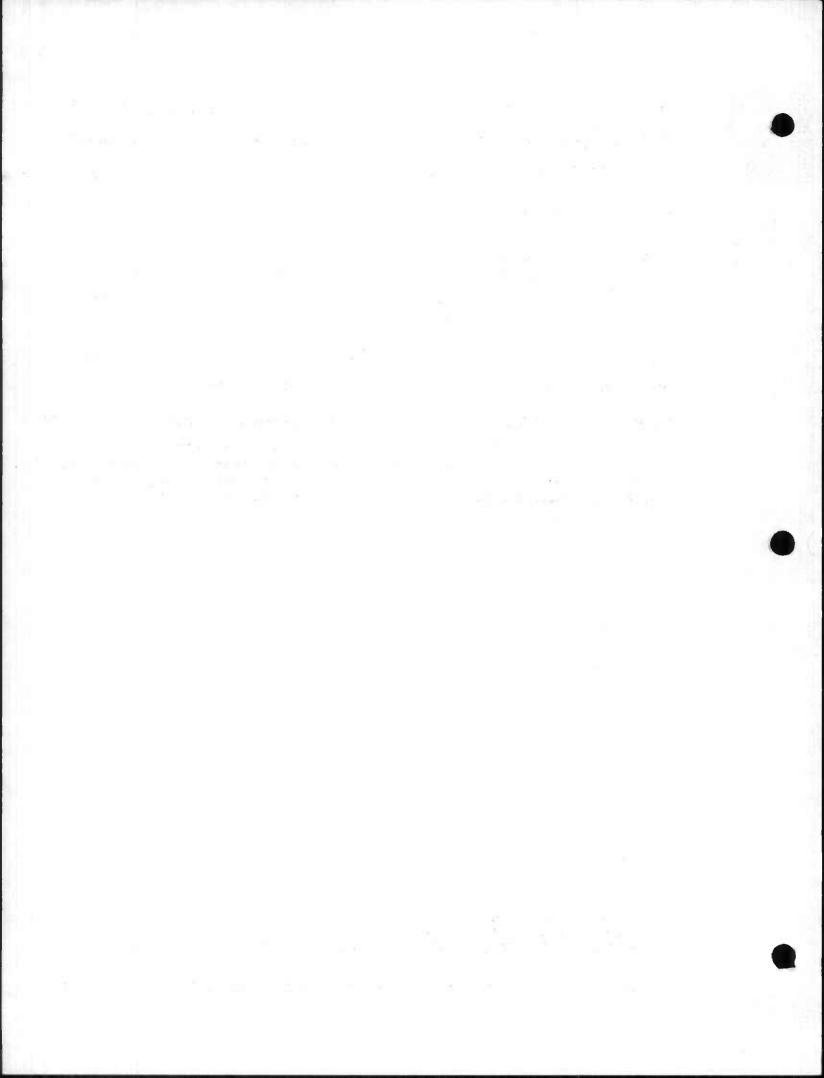
29e. Cartifier (Check only one)

4 Homicida

32. Registrar's Signatura

I Julia Davidson-Randell MAR 2 8 1997

28a. Place of Injury - At homa, farm, straet, factory, office building, atc. (Specify)



				oe or Print in 1 tate of Marylar	nd / Depa		Health and N		giene 9	ble.	10311
			Decedent's Name (First, Middle, Last)					2. Date of De	Reg. No.		3. Time of Deeth
н	Physic		Albert Alfred Pr	rotenic				Month	Dey 1 18.19	Year Q.7	2.00 33
1	/Medi Examii		4a. Facility Neme (If not Institution, give street	et and number)			4b. City, Town, or L				2:00 AM
			Meridian-Corsica	Hills Nu	rsing	Center	Centre	eville	Queen	n Anr	ne's
	Funeral Director		5. Sociel Security Number 6. Sex 207-09-9472 1 ₹ M	7. Age (In yrs.			ar If Under 24 Hrs.	8. Date of Bir (Month, Da Aug. 1	th ly, Year) 5,1918		ace (State or Foreign ry) n.
	puel **		Usuel Residence of Decadent 10a. State 10b. County	10c. Cit	ty, Town or Lo	cation				10	d. Inside City Limits
	Mary 18h	ō	Md. Queen An	ne's O	ueens	town					1 Yes 2 No
	r 28a	je Se	10e. Street and Number			10f. Zip Code	e		10g. Citizen of V	What Countr	
	h with	o ie	305 Kehm Road			21	658		U.S.		
20	72 hours after death with the Marylend natural; or Hems 23s or 28s-f show pical Examiner must be notified at	by Funeral Director	1 Never Married 2 Married	Vas Decedent Ever in U Armed Forces? √SYes 2 □ No I Yes, Give		Wes Decadent of f Yes, specify C	of Hispanic Origin? (Spuban, Mexican, Puerto	ecify Yes or No Rican, etc.)	Specify	e - America ck, White, e	tc.
9	72 hours aft natural, or	8	15. Decedent's Education	Year or Dates: WWI	1	dent's Usual Occ	cupation		16b. Kind of Bi		
21215-0020	yiene.	Completed	(Specify only highest grade cor	onpleted) College (1-4or 5+)	(Give	kind of work do DO NOT use ret	one during most of work ired) onal Sale				ndustry
pu	be filed tal Hygi d other	Be	17. Father's Neme (First, Middle, Last)				18. Mother's Nam	e (First, Middle	, Maiden Suman	16)	
yla	should be nd Mental marked o	To	John Protenic				Susan	Gamba	nti		
Maryland	2 sho		19a. Informant's Name/Relationship (Type, I				et and Number or Rur				
	s 1 and 2 should be filed if Heelth and Mental Hyg Item 27 is marked othe other traumatic event,		Julia Mae Proten				Rd., Que				
Baltimore,			20e. Method of Disposition 1 ☐ Burial 2☐Cremation 3 ☐ Remo			sition (Name of natory or other p	Marc	h 18.	20c. Location - 1 9 9 7	City or Tow	m, State
tim	t Pertinent		4 ☐ Donation 5 ☐ Other (Specify)	Ch	esape	ake Cr	emation (Center	Steve	ensvi	lle, Md
Bal	permit. Peges 1 end Depertment of Heelth Important: If item 27 any injury or other to once.		21. Signature of Euneral Service Licensee	0//	22	Name and Add	dress of Facility Fe	llows	,Helfer	nbein	. &
			23a. Part1. Enter the disease, or complication shock, or heart failure. List only one ca	ns that caused the deat	h. Do not ent	l 06 Sha er the mode of d	runeral amrock Ro dying, such as cardiac	HOME, oad, Cl or respiratory a	hester,	Md.	21619 Approximate
	Physician									i	Onset and Death
7	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death) a.	Preun	ionic	۲ -				c	3 days.
			resulting in dealing	Due to (c	or as a conseq		,]	2 . 11
7	led led	i-	b	Keeu	est	ASpir	ater.			C	5 Months
	executed in end ief-trensit	Examiner	Sequentially list conditions, if any, leading to immediate		or as a conseq		10 1	1 0		1,	3 days. 3 months 0 years
260	sician burie	1	cause. Enter Underlying Cause (Disease or Injury that initiated events				Hydrocy	shall	7	i /	o years
9289	eath certificate be ettending physicia for use es the bur	b	resulting In death) Last	Pack	r as a conseq	uenca of):	,			1	Dulance
Вох	nding use	2	d	Pack	ing or	11314					o jeiers
0	death e ette	sicia	Pert II. Other eignificant conditions contribu	ting to death but not res	ulting In the ur	nderlying cause	given in Part I.	23b. Did	tobacco uee coi	ntribute to 1	the cause of death?
P.O.	that the death cer ed by the ettendin deteched for use	Physician/Medical							Yes 2 No		ably 4 Unknown
	res tha signed be del	by		biovasen							
of Vital Records,	The law requires that the death certificate be ste hes been signed by the ettending physicia page 2 should be deteched for use as the bur	Completed	Spr. Con	onay the	ten, 4	%		24e. Wes perfo	an autopsy ormed?	com	re autopsy findings ileble prior to apletion of cause eath?
<u>=</u>		So	Hy	petersi	07 -			104	Yes 2□ No	10	Yes 20 No
Vita	Physician: The lith the second continues the ral director, page	Be	25. Was case referred to medical exeminer?				26. Place of Deat	h (Check only o	one)		
of		2	1 Yes 2 No Hospi	1 □ Inpatient 2 □		1 3LI DOA			dence 6 Oth		
	ding P. After funer	- Lo	1 ☐ Maturel 5 ☐ Pending	Ba. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. In W	lury at Vork? ☐ Yes 2 ☐ No	28d. Describe	how injury occuri	red	
Division	f or Attence efter deatl Director: I in by the	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined	Be. Placa of Injury - At he building, etc. (Specify	ome, farm, stro y)			28f. Location (City or To	Street end Numb wn, State)	er or Rurai	Route Number,
	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	edicai C	29a. Certifier (Check only one) 1 Certifying Phyalclar 2 Medical Examiner:	n: To the best of my kno On the basis of examinal	wledge, death tion and/or Inv	occurred et the restigation, in my	time, date end plece, y opinion, deeth occurr	and due to the red at the time,	cause(s) end me date and place,	enner es ste end due to t	ited.
	of the	Me	29b. Signature and title of certifier	1 .		29c. Lice	nse number		29d. Date signe	d (Month, D	ay, Year)
			more	y to		40	42587		3/17/	97.	

within to the Comple

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

Russell Schilling 2540 Centreville Road Centreville, MD 31. Date filed (Month, Day, Year)

State Registrar

MAR 1 9 1997



	Plea	ase Type or											gible.	031	2
		State	ot Ma	aryland /				Health <i>Death</i>		lental Hy	gien Reg. N				
1. Decedent's Nam	e (First, Midd	le, Last)								2. Date of De				3. Time of D	eath
DOMIN	60	PASC	VA	1						MONTH		ay	1997	0919	PM
4a. Facility Neme (lf not Institutio	n, give street and nu	mber)					4b. City, T	own, or L	ocation of Deal	h 4	c. Coul	nty of Death		
SHADY G	ROVE AD	VENTIST H	OSP	ITAL				ROCKV	TLLE			MON	TGOMER	Y	
5. Social Security	lumber	6. Sex	7. Ag	e (In yrs. lest	birthday)	If Under			r 24 Hrs.	8. Date of Bi	rth			iace (Stete or i	Foreign
226-19-	9354	1⊠ M 2□ F		80	Yrs.	Months	Days	Hours	Min.	May 12		16		try) Lppines	
Usuel Residence of	f Decedent														
10a. State	10b. County	,		10c. City, To	own or Lo	cation							1	0d. Inside City	Limits
Maryland	Montg	omery		Gait	hers	burg								1 🖾 Yes 2	≥□ No
10e. Street end Nu	mber	-				10f. Zip	Code				10g. C	itizen d	of Whet Cour	itry?	

20877

1 ☐ Yes 2 ☒ No Specify:

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

Realtor

Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

Pages 1 and 2 should be filed within 72 hours efter death with the Maryland neat of Health and Mental Hyglene. Int. If flem 27 is marked other than "natural", or itams 23a or 28a-f show int. If flem 27 is marked other than "natural", or internation and it is notified all any or other traumatic event, the Marginal Examiner man be notified all Baltimore, Maryland 21215-0020 Depertment o Important: If any injury or

Physician

Funeral

Director

/Medical **Examiner**

Director

501D South Frederick Ave., #

15. Decedent's Education

(Specify only highest grade completed)

1 □ Never Married 2 Narried

3 ☐ Widowed 4 ☐ Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 □ Yes 2 図 No If Yes, Give Yeer or Detes:

College (1-4or 5+) 5+

Physician /Medical Examiner

the buriei-tren signed by the ettending p should page 2 Medical Certification: To completely filled in by the funeral

Hospital or Attanding Physician: The law requires that the death certificate be executed

certificate

this

After

within 24 hours efter death. To the Funeral Director: A

10

the

2

Division of Vital Records, P.O.

Box 68760,

Completed by Funeral Elementery/Secondery (0-12) 17. Father's Name (First, Middle, Last) Be Carlos Immediate Cause (Final disease or condition resulting in deeth) Examiner Be Completed by Physician/Medical 27. Manner of Death 1 Natural

Victorina De Leon Pascual 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Remedios Cabrara/Daughter 13250 Wonderland Way, Germantown, MD. 20874 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State Date 1 Burial 2 □ Cremetion 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery 3/24/97 Silver Spring, MD. 21. Signature of Funeral Servica Licenses 22. Name and Address of Fecility DeVol Funeral Home 10 East Deer Park Dr., Gaithersburg, MD. 20877 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death VENTRICULAR FIBRILLATION MINVIES Due to (or as a consequence of) MYDCARDIAL INFARCTION INFERO-POSTERIOR HOURS Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as a consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uee contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 D Onknown 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 12 No 25. Was case referred to medicel exeminer?
1 ☑ Yes 2 ☐ No 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Yeer) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 0 41311 MARCH 15, 1997

State Registrar

6410

31. Dete filed (Month, Dey, Year) MAR 2 0 1991

ROCHLEDGE

30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print)

DR-

32. Registrar's Signature whie Davidson-Randell

BETHESDA

YURI

A-

DEYCHAK MO

ign

United States

16b. Kind of Business/Industry

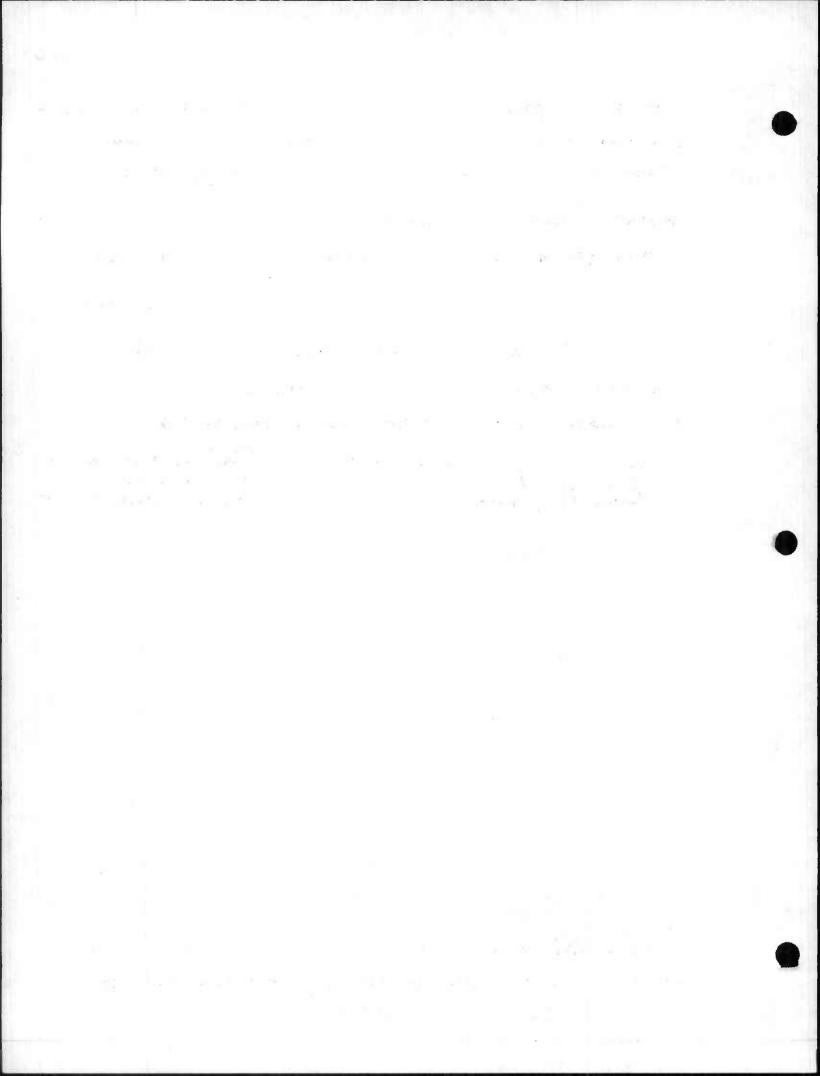
Real Estate

18. Mother's Name (First, Middle, Meiden Sumeme)

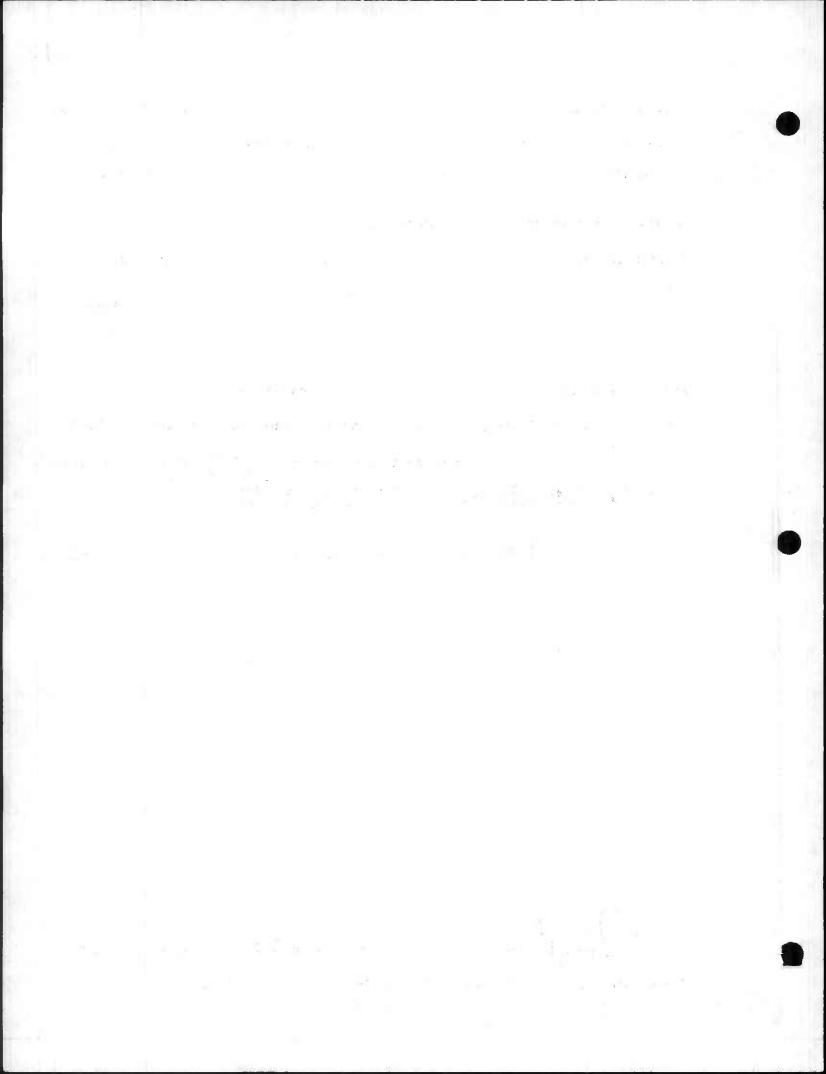
14. Race - Americen Indien, Black, White, etc.

Filipino

						Cei	rtificate d	of Death		Reg. No.		. 0010
П			Decedant's Name (First, Middle, Last	st)					2. Data of De	ath		3. Time of Death
	Physic /Medi		JOHN JOSEPH P	OTOMA, JR					Month MARCH	Day		12:25 AM
0	Exami		4a. Facility Name (If not institution, give					4b. City, Town,	or Location of Death		County of Deat	
1			Manor Care - Whea	ton				Wheaton	n	Mo	ontgome	ry
	Funerai Director		002-30-3132		e (<i>In yrs. l</i> ast l 51	oirthday) Yrs.	If Under 1 Ya Months Da		Hrs. 8. Date of Bird Min. (Month, Da Mar 21	y, Year)	9. Birti Co New	hplaca (Stata or Foreign untry) York
П	put		Usual Residence of Decedent 10a. State 10b. County		10c. City, To	um or Lo	eation					
	sho	7	17,100									10d. Insida City Limits
	he N	Director	Maryland Montgome	ry	Germa	intov						1 □ Yes 2 No
	with De g						10f. Zip Cod			10g. Citiz	zan of What Co	untry?
	sath 23	era	18705 Curry Powde		Evenie II O	40.1	2087				ted Sta	
Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other traumatic svent, the Medical Examera must be notified at once.	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 🏋 Divorced	12. Was Decedent Armed Forces? 1 ☐ Yas 2 ☑ If Yas, Give Year or Dates:	evarin 0,5.		was Decedent of Yes, specify C		? (Specify Yes or No uerto Rican, etc.)		14. Race - Ama Black, White Specify: Wh	
5-0	72 ho natur	Completed	15. Dacedent's Ed (Specify only highest gra		16	a. Deced	tent's Usual Oc	cupation	wastina	16b. Kir	nd of Business/	Industry
21	ithin	npie	Elementary/Secondery (0-12)	College (1-4or 5	i+)			na during most of tired)				
2	w bed w	Con		4		Elec	ctrical	Engineer			itro	
nd	tal Hydrh day	Be	17. Father's Name (First, Middle, Last)					18. Mother's	Name (First, Middle,	Meiden 3	Sumame)	
yla	Men Men	10	John Joseph Potom	a, Sr.				Lorra	ine M. I)inar	1	
lar	2 sh and and is m		19a. tnformant's Name/Ralationship (7	ype, Print)	19	b. Mailir	ng Address (Str	eet end Number o	Rural Route Number	er, City or	Town, Stete, Z	(ip Code)
	ealth n 27			rother					nuet, New	York	1095	4
ore	f ite		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☑	Demoubl from Stute	20b. Place cemet	of Dispo e <i>ry, cr</i> an	sition (Neme of natory or other	place)	Mar 21,	20c. Loc	cation - City or	Town, Stata
E	Pag ment ant: i		4 □ Donation 5 □ Other (Specify) /	St. C	har	les Cem	etery	1997	Pine	lawn, l	New York
Baltimore,	Depentr Depentr Imports any inj once.		21. Signature of Fundral Survice Licen-	909				drass of Facility	DeVol Fur			
	82589		Harris In	Thei		10	E. De	er Park I	Drive, Gai			MD 20877
	1200		23e. Part . Enter the distase, or comp shork, or heart failure. List only	olic flons that caused	tha death. Do						. Sourg,	Approximata
	Physician		shock, or near failure. List only o	one cause on each iir	ie.							Intervel Between Onsat and Daath
	/Medical		Immediate Cause (Final	h. 10.		. \						
	Examiner		disease or condition resulting in deeth)	" HAGE	Due to (or es	010	2					
	1 9 20	je						7				
	od ansit	声		PUSEUIN	Due to (or as a	Ca	SCINO	matos	,,,		i	
'n	n an an ial-tra	Exa	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury								1	
68760,	rtificate be executed ng physician and as the burial-transit	Wedical Examiner	trial iriitiated everits	· aden				and.				3 nonths
9	entification engphy ensth	ed	resulting in death) Last	'	Due to (or as a	consaqu	uance or):	0				
Box	nding use s			d			_					
ň	The law requires thet the death ce ate has been signed by the attendir page 2 should be detached for use	Physician/	Post II Other star Manual and state and									
P.O.	the character	hys	Part II. Other significant conditions co	ntributing to death bu	it not resulting	in the ur	nderlying ceuse	given in Pert I.	1			to the cause of death?
7	thet ded b								112	Yes 2L	□ No 3□ Pr	obably 4 Unknown
OS	uires s sign	d by							24a. Was	an auton	sv 24b. V	Vera autopsy findings
ဂ္ဂ	v require been si should t	Completed								rmed?	8	vailable prior to completion of ceuse
Ď	has has	d L										of death?
<u>_</u>									101	res 2X	No 1	☐ Yes 2☐ No
	clan	Be	25. Was case referred to medicel examiner?	Manital.					Death (Check only o		,	
0	shysi this o	2	1 162 241 140	Hospital: 1 ☐ Inpatie			1 3LI DUA		g Home 5 Resid			eify)
2	Te fe	Certification:	27. Menner of Deeth 1 Naturel 5 ☐ Pending	28a. Date of Injur (Month, Day	у <i>Үөаг)</i> 28b.	Time of Injury		njury et Vork?	28d. Describe h	ow injury	occurred	
Division of Vital Records,	ttendi death. ctor: A y the fu	cati	2 ☐ Accident Investigation 3 ☐ Suicida 6 ☐ Could not be				M 1	☐ Yes 2☐ No				
2	after deat Director:	E	4 Homicide determined	28e. Place of Injubuilding, etc	ry - At home, t . (Specify)	arm, stre	et, factory, offic	9	28f. Location (S City or Tox	rn, Stete)	Number or Ru	rai Route Number,
	ital c											
	To the Hospital or Att within 24 hours after of To the Fureral Direct completely filled in by	edical	(Check only 2 Medical Exam	sician: To the best of iner: On the basis of	examination a	e, deeth nd/or Inv	occurred at the estigation, in m	time, dete end pla y opinion, death o	ace, and due to the occurred et the time,	euse(s) date and	end menner es place, and due	stated. to the ceuse(s)
	the the	Med	Orie)	and menner sta	ted.							
	P N N	7/	29b. Signatura and titla of certifiar	9 0				ansa number		zeg. Data	a signed (Month	, Day, Year)
			- Oliver Of	Mellon	W-T	7	D3	-3459.		Marc	h 17, 1	1997
	20		30. Name and address of person who c									
			Edward P. Taubman			ince	Philip	Dr., #1	7-12 Olney	, MD	20832	2
	Sta	-	31. Data filad (Month, Day, Yaar)	32. Registra	r's Simatura		· 90 .	V				
	Registr	ar	MAR 2	ענבו ח	June x	aurds:	n-Mandel					



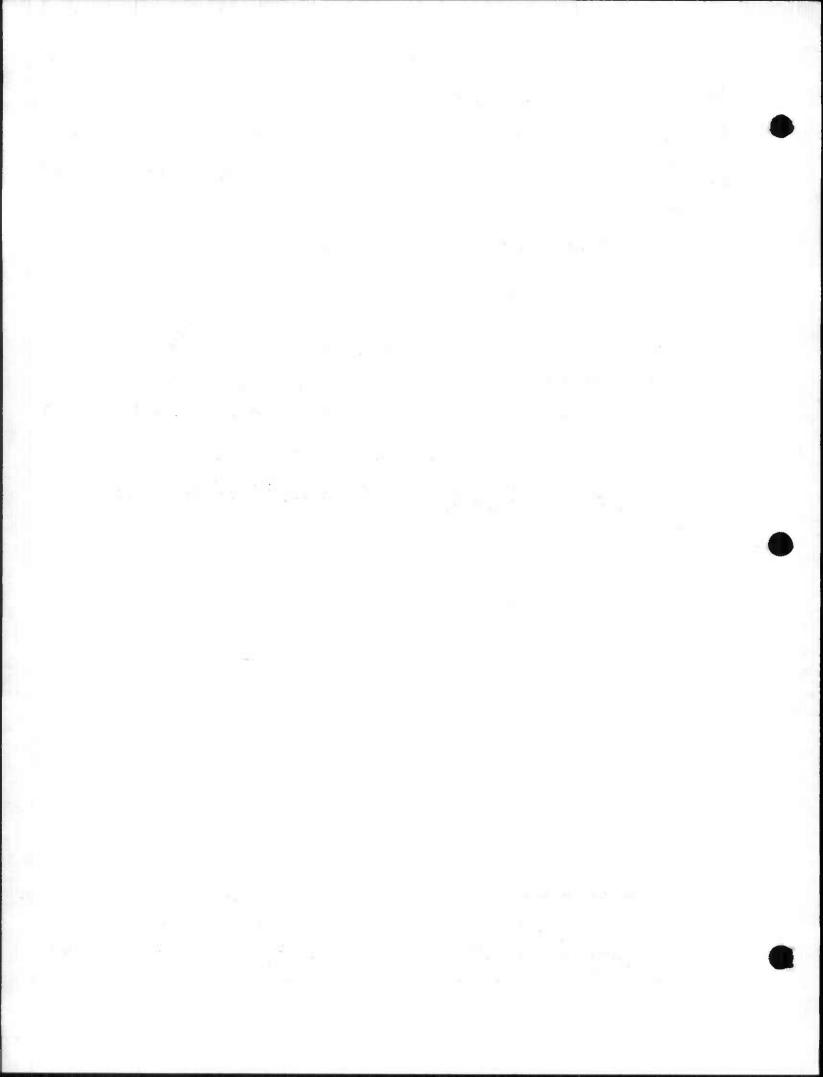
can Mario P Sullivan (Sictor) 13575 Chart Dolo Tono Coithomphuma MD 20070						Ce	rtifica	te o	f Death			Reg.	No.			
Sylvia Prytulak Sylvia Pry	Discont.		1. Decedent's Name (First, Middle,	Last)						2			Davi	Vees	3. Tin	ne of Deeth
## Fastly New plane of the matched previous elevation on makes of number) Common			Sylvia Prytulak							M				Yeer	2:	15am
13252 Straw Bale Lane Same 7.40 Myr. and referency 1.10 Million 1.0 Million				give street end nun	n <i>ber)</i>				4b. City, Tow			. 1		of Death		1 3 4 111
Source S			13525 Strow Bold	Lano					Coitha	. wah	~~		Manka			
182-14-52-57 March 17, 1922 Pennsylvania Total Residence of December Total Residence of	Euparal				7. Aga (In vrs	. last birthday	If Unda	r 1 Yaa	r If Under 2	4 Hrs. a	B. Date of Bi	irth	Montg			ate or Foreig
Used Recordions of Desiderial Land States 10.0 Court						Man		Dey	s Hours	Min.	(Month, D	ay, Ye	ar)	Cour	ntry)	•
Stephan Prytulak Anna Kinach 10e. Intermetis NameRelationship (Type. Print) 10ft Making Address (Sinet and Number of Brust Route Number, City or Town, Seles, Zip Code) Marie P. Sullivan (Sister) 13525 Straw Bale Lane, Galtersburg, MD 20878 20b. Metad of Deposition 1 Dunie 28D Lane, Galy Date Da					/	,				P	March	1/,	, 1924	Peni	nsyl	vania
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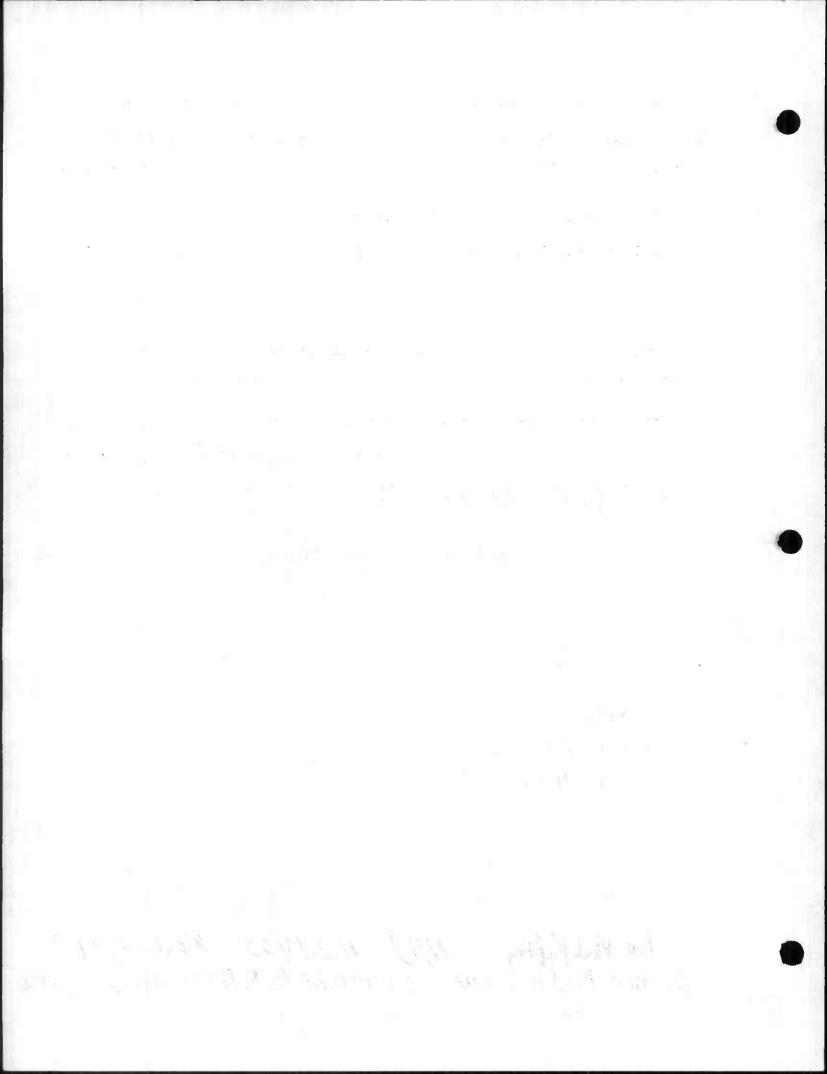
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To the within To the comp	Me	29b. Signatura and the of certif	iar	Per	e us)	290	. Lican	sa number	4		29d. Data signe	0	Day, Year)
6		30. Nama and addrass of personal John Melnick,			•			ther	rsburg	, MC		1171001	140	, , , , ,
S Regis	ate trar	31. Data filed (Month, Day, Yes			legister Signal				- 5					



				ŕ	(Certificate of	Death	R	eg. No.		
	Discus?e		1. Dacadent's Neme (First, Middle, Le	st)				2. Dete of Deat	h	Ves	3. Tima of Deeth
	Physic /Medi		Gerald Ray	Pearson				March	16,	1997	1:20 p.
	Exami		4e. Fecility Name (If not institution, giv	a street and number)			4b. City, Town, or	Location of Death	4c. County	of Deeth	
			12916 Walnut V:	iew Court			German			TGOM	ERY
	Funeral Director		5. Sociel Security Number 6. § 102-32-0325	Sex 7. Age (In 5!	yrs. last birth	Months Devs			Year) , 1941	9. Birthple Count V1	ece (Steta or Foreign ry) rginia
100	P.		Usuel Residence of Decedent								
	show	-	10e. Stete 10b. County		. City, Town					10	d. Inside City Limits
	8a-f	cto	MD Montge	omery	Germ	antown					1 DXYes 2 □ No
	72 hours after deeth with the Maryland natural; or items 23s or 28s-f show deal Example must be notified at	ai Director	12916 Walnut	View Cour	t	10f. Zip Code 208	74	1	0g. Citizen of V		ry?
	ems mr	Funeral	11. Marital Status	12. Wes Decedent Ever Armad Forces?	n U,S.	13. Wes Decedent of If Yes, specify Cul	Hispenic Origin? (S	Spacify Yes or No-		e - Amarica k, White, e	
5-0020	ours afte	by	1 ☑ Never Married 2 ☐ Marriad 3 ☐ Widowad 4 ☐ Divorcad	1 ☐ Yes 2 ☒ No If Yes, Giva Yeer or Dates:		1□ Yes 21 No		10 1 10 11 11 11 11 11 11 11 11 11 11 11		Blac	
5-0	in 72 hours n "natural", legical Ext	Completed	15. Decadent's Ed (Specify only highest gre	fucation	16a. D	ecedent's Usuel Occu Give kind of work done fe. DO NOT use retire	petion	urkina	16b. Kind of Bu	siness/Ind	ustry
2121	C 9	nple	Elementary/Secondery (0-12)	College (1-4or 5+)	1			rang	a 1	,	
7	ygier t, fr	Co	12th		Te	acher As			Scho		
Maryland	s 1 and 2 should be filled within f Health and Mental Hygiene. Item 27 is marked other than ° other traumatic event, the Ma	To Be	17. Fether's Nema (First, Middle, Last, Mickey Pears)					me <i>(First, Middl</i> e, A cl Henry		e)	
an	2 short and his main		19a. Informent's Neme/Reletionship (Type, Print)	19b. N	Malling Address (Stree	at end Number or R	ural Route Number	City or Town,	Stete, Zip (Code)
	Day:		Shereen Montgor	mery (Cous	in) 2:	l Applega	arth Ct.	, Germa	ntown	, MD	20876
re	ges 1 ar it of Hea if item or othe		20e. Method of Disposition	20	b. Pleca of D	isposition (Neme of cremetory or other pla	ace)		20c. Location -		
Baltimore,	t. Partmentant:		1 ☐ Burial 2 ⚠ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	N)		politan (Cremator	cy 3/18	Alexa	ndria	a, VA
Bal	Depariment important		21. Signalufüpit Funeral Service Licer	how	len	22. Name end Addr SNOWDEN ROCKVILI	FUNERAL	HOME,	P.A.		
			23e. Pert1. Entar the disaasa, or com shock, or heert foure. List only	plications that causad the d	leath. Do no				est,		Approximete
	Physician		SHOOK, OF HOUR PROPERTY	One cease on eech mie.	-						Intervel Between Onsat and Death
4	/Medical		Immediata Cause (Finel diseese or condition	MYDIA	dian.	14 Diasi	tion				modiato
н	Examiner		resulting In deeth)	e. Due	o (or as a co	nsequence of V	2.101			1	
_	D &	ner									
	icata be axecuted physicien and s the burial-frensit	Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	b. — Dua t	o (or es e co	nsequence of):					
68760,	sicier buria	ie:	Cause. Enter Underlying Ceuse (Disease or Injury that initiated events	c						i	
687	rificate ng phys es the	edical	resulting In deeth) Lest	Due t	o (or es e cor	sequanca of):					
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Вох	eath ce ettendii I for use	clar						1			
P.O.	that the dended by the eached	Physician/	Pert II. Other algnificant conditions of	ontributing to death but not	rasulting in th	a underlying cause gi	ivan in Part I.				the cause of death?
	that ned b		Huretes					1 Ye	s 2 No	3 □ Prob	ably 4 Onknown
of Vital Records,	requires een sigi hould b	Completed by	Diasetic 1/	usulan e	Dise	üŠC		24a. Wes er perlom		aval	e eutopsy findings labla prior to pletion of cause
3ec	S S S	Idu	2 0	0 1						of de	eeth?
=	Peg ata	S	VIUDEHL RE	enal, N	iseus	C		1 ☐ Ye	s 2 No	1 🗆	Yas 2□ No
/Its	Physician: Th this cartificata ral director, per	Be	25. Wes case referred to medical exeminer?					ath (Check only one	9)		
5	Physic this c	10	1 ☐ Yes 2 ☐ Mo		2□ ER/Outpo	Illerit 3L DOA		loma 5⊟Raside	nce 6 Othe	r (Specify)	
E C	ding P. h. Aftart funera	on:	27. Menner of Deeth 1 ☑Natural 5 ☐ Pending	28e. Dete of Injury (Month, Dey Yea.	28b. Tim		iry et ork?	28d. Describe ho	w Injury occurre	ed	
Sio	Attending ir death. ector: Aftai by the fune	cat	2 Accident Invastigation 3 Sulcide 6 Could not be				Yes 2 No				
Division	a or Attendates after deat Director: d in by the	Certification:	4 Homicide determined	28e. Plece of Injury - A building, etc. (Sp.	it home, farm ec <i>ify)</i>	, street, fectory, office		28f. Location (Str. City or Town		er or Rurel	Routa Number,
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edicai C	29a. Certifier (Check only one)	ysician: To the best of my liner: On the basis of axam end menner stated.	knowledge, d Ination end/o	eeth occurred et the ti r invastigetion, in my	ime, dete end plece opinion, deeth occu	e, end due to the ce arred et tha tima, de	use(s) end mei ite end place, e	oner es ste and dua to t	ted. ha causa(s)
	To th To th comp	M	29b. Signeture and title of certifier	11	m	29c. Licans	sa number	29	d. Dete signed	(Month, D	ay, Year)
	4		Iva Paul G	ylty	11/1	1 4	2143	5 1	larely 1	4/	14-1
			30. Name and address of person who	empleted gause of deeth (Item 25e) (Ty	101 Medi	ial Par	KO-id	9, 5ilo	25/	MM 2090
	Sta Registr	STAIL	MAR 1 9 1997	2. Registrer's Si	gnatura	1,00				1	/
Ц.			MAR 1 9 1997	Juna vinda	DI A-NOW	-Code					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death Dey Month **Physician** Year Genevieve P. Pearsall 1997 March 16, 21:45 /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e. Fecility Name (If not institution, give street end number) **Examiner** 4108 Edgevale Court Chevy Chase Montgomery if Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Months Deys Hours 1 □ M 2 0 X F Yrs. Director 513-18-0103 74 Sept. 2,1922 Kansas Usual Residence of Decedent the Maryland 10a. State 10h County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examinet must be nultified at 10d. Inside City Limits Chevy Chase Maryland Montgomery 1 ☐ Yes 2X No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 20815 4108 Edgevale Court United States death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 13. Was Decadent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. filed within 72 hours efter 1 Never Married 2 Merried 21215-0020 1 Yes 2XXNo Specify: by Specify. 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. US Government Secretary Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) . Pages 1 and 2 should be fill ment of Heelth and Mental Hant: If Itam 27 la marked oth jury or other traumatic aven Be Roy Vaughn Pile Ida Smith 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Warren R. Pearsall / Son 2138 Princess Anne Court, Bowie, Maryland 20716 20b. Pleca of Disposition (Name of cametery, cremetory or other place) March 20,1997 20a. Method of Disposition 20c. Location - City or Town, Stete 1X Buriel 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Depertment o Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) Arlington National Cemetery Arlington, Virginia 21 Signeture of Funeral Service Licensee 22. Name end Address of Fecility Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc., 75 Bethesda, Maryland 20814-3501 7557 Wisconsin Ave. M00348 Tulla 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediete Ceuse (Finel . MYOCARDIAL INFARCTION diseese or condition resulting in deeth) **Examiner** The law requires that the death certificate be executed Bnd Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): P.O. Box 68760, Physician/Medical the th Due to (or es e consequenca of): ate hes been signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, P 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? Completed 24e. Wes an autopsy performed? this certificate 1 Yes 2 No 1 ☐ Yes XX No al or Attanding Physician: The street death.

In Director: After this certificate ed in by the funeral director, pe Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospitel: 1 | Inpatient | 2 | ER/Outpetient | 3 | DOA 2 1 Yes 2 No Other: 4 ☐ Nursing Home 5 🖾 Residenca 6 ☐ Other (Specify) Certification: 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide To the Hospital or within 24 hours aft To the Funeral DI completely filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. Medicai 29a. Certifier (Check only one) 29b. Signature and title of certific 29d. Dete signed (Month, Dey, Year) March 17, 1997 15 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Francis C. Mayle, M.D., 10215 Fernwood Road, Bethesda, Maryland

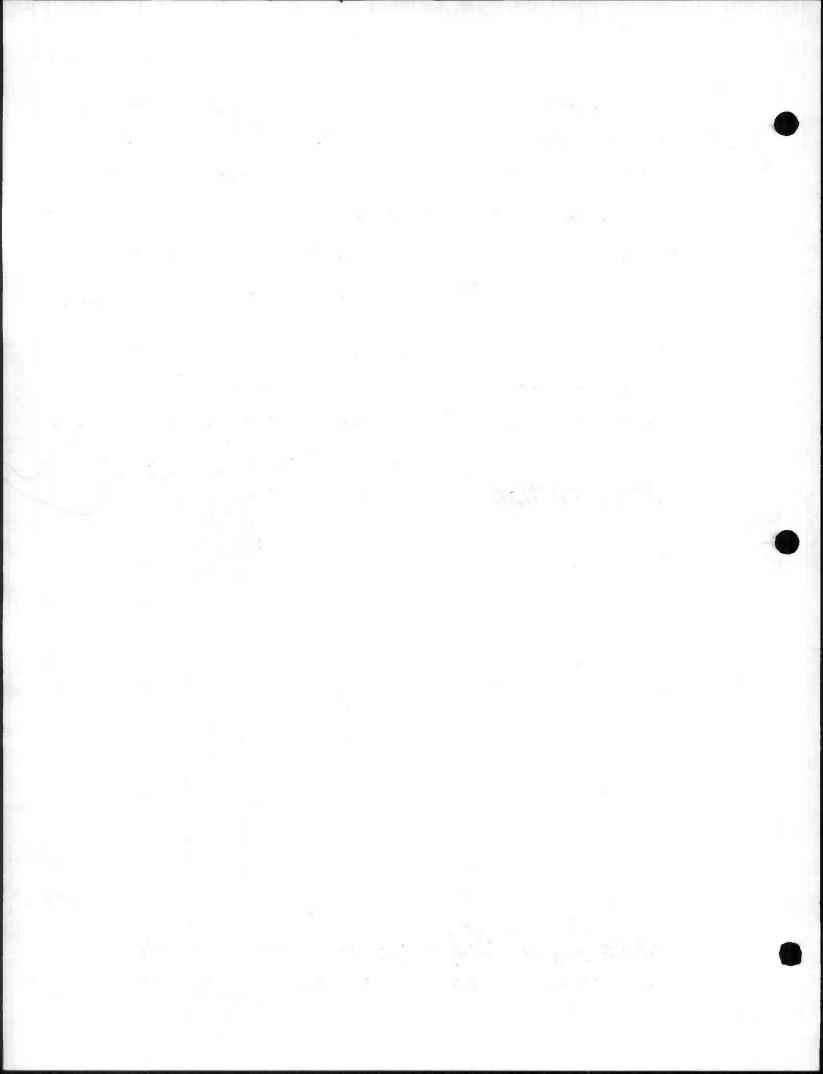
State

Registrar

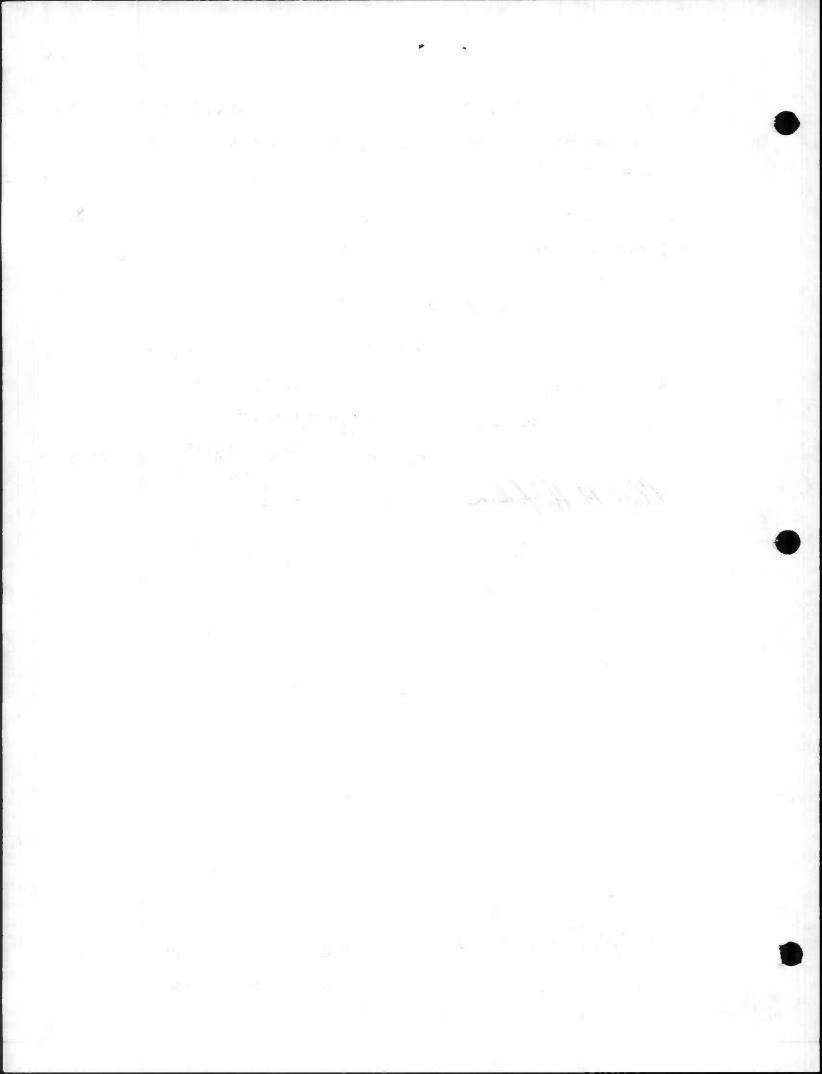
31. Dete filed (Month, Dey, Yeer) MAR 1 8 1997

32. Registrer's Signeture

his Davidson



	100	Decedent's Name (First, Middle, Lest)		Cei	rtificate of L	Jeath	2. Date of D	Reg. No.	-	2 Time of Dead	
Physicia		*****	Rodgers				Month	Day	Year 7	3. Time of Death	
/Medic		4a. Facility Name (If not institution, give street and number)			41	b. City, Town, or Lo	March			12:45 p.	
Examin	er	Chestertown Nursing		itatio							
Funeral		5. Social Security Number 6. Sex	7. Age (In yrs. le		If Under 1 Year	Chester If Under 24 Hrs.	8. Date of B	Ken		ce (State or Foreign	
Director		172-03-9745 XX 2D Usual Residence of Decadent	□F 84	Yrs.	Months Days	Hours Min.	(Month, D March	10,191	3	ce (State or Foreig) ennsylv	
MOL W		10a. State 10b. County	10c. City	, Town or Lo	cation				100	I. Inside City Limits	
a-f s	ctor	Md. Kent	Ch	ester	town					1 Nes 2 Ne	
or 28	Director	10e. Street and Number	-		10f. Zip Code			10g. Citizen of	What Country	/?	
23a		415 Morganec Road			2162	0		U.S.	Α.		
E H	Funeral	11. Marital Status 12. Was	Decedent Ever in U,S ed Forces?	S. 13.	Was Decedent of His Yes, specify Cubar	spanic Origin? (Sp	ecify Yes or N	o- 14. Rac	e - American		
"natural", or Nems 23s or 28s-f show solical Examiner must be notified at	by	1 Never Married 2 Married 1 Ye 3 Widowed 4 Divorced Yea	Xes 2⊡No is,Give rorDates:WW I		I□Yes ANO	Specify:	, , , , , , , , , , , , , , , , , , , ,		Whi		
age of the	ted	15. Decadent's Education (Specify only highest grede comple	atad)	16a. Deced	lent's Usual Occupa kind of work done di OO NOT use retired)	tion	ina	16b. Kind of B	vsiness/Indu	stry	
than "r	Completed		ege (1-4or 5+)			uning most of work	ang	0-16			
ther th	Con	11		Writ				Self-		yed	
d other than	Be	17. Father's Name (First, Middle, Last)	7			18. Mother's Name			10)		
arke metic	2	William Valley Ro					le McM				
is m		19a. Informant's Name/Relationship (Type, Prin.			g Address <i>(Street e</i> Route du						
item 27 other t		Matthew Stevenson	P.O.A.	on of D'==	Switze	rland					
y or of		20a. Method of Disposition 1 □ Burlai 2√3 Cremation 3 □ Removal 4 □ Donation 5 □ Other (Specify)	from State	metery, crer	netory or other please ake Crem	March	Date 28 1	997	City or Town	lle, Mc	
important: If if any injury or once.		21. Signature of Funeral Service Licensee	CITE				11	II-1-F	TAGIL	, MC	
Departme Importan any Injur once.		Newnam Funeral Home									
nysician Medical xaminer	-	Charles He yes	iken	1 (6 Shamr	ock Rd.	Che	ster, 1	1d. 2	1619	
	0 0	23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death									
		Immediate Cause (Final							1	1 1	
	ler	disease or condition resulting in deeth) a. THEUM DULQ									
4,000		Due to (or as a consequenca of):									
ansit	Examiner	Sequentially list conditions b. AS pivetion Due to (or as a consequence of):									
n and ial-tra	Exa	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying	DDe to (or	as a conseq	uence or):				1		
physician and s the burial-transit	edical	that initiated events	Due to (or	as a consequ	ience of):						
CD off		resulting in death) Last	500 10 (01	us a sorrseq.	301100 01).						
andir use	2	d									
e att	sicia	Part II. Other significant conditions contributing	to death but not resul	ting in the ur	iderlying cause give	n in Part I.	23b. Did	tobacco use co	ntribute to th	ne cause of death	
igned by the attanding be detached for use a	چ							Yss 2□ No	3 Probal		
pe de	5	Devere Hisolicima	Domont	9, 10	pression	1					
should b	Completed by Physician/M	Severe Alzoheina Interstitiol Ling?	Dz. Hx	5V-	T, Hx A	weugh.	24a. Was	s an autopsy ormed?	availa	autopsy findings able prior to pletton of cause	
page 2	Ĕ		9					ba	of de		
certificate rector, pay		25. Was case referred to medical				00.00		Yes 250 No	101	res 2□ No	
	o Be	examiner?	1 Thestiant 2 To	B/O	Other	26. Place of Deet			/6		
aral di	2	27. Manner of Death 28a. I	Date of injury	R/Outpatien 28b. Time of	3LI DOA	412 Nursing Ho		Idence 6 □Oth			
the funar	tion		(Month, Dey Year)	Injury	28c. Injury Work? M 1 ☐ Y	es 2 No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Director: d in by the	Hice	3 Suicide 6 Could not be	Place of Injury - At hon	ne, farm, stre				(Street end Numb	er or Rurel F	Route Number,	
ed in	Certification:	4 Homicide	ouilding, etc. (Specify)					wn, Stete)			
-	edical	(Check only 2 Medical Examiner: On t	o the best of my know he besis of examination manner stated.	ledge, death on and/or inv	occurred et the time estigation, in my opi	o, date and place, nion, deeth occurr	end due to the red at the time,	due to the cause(s) and menner as stated. It the time, date end placa, and due to the cause(s)			
comp		29b. Signature and the of certifier	0		29c. License	number		29d. Date signe	d (Month, De	y, Year)	
		NaDO Soldar	SID		D5099	6		March	26. 19	197	
		30. Name and eddress of person who completed	cause of deeth (Item :	23a) (Type, I				AMEL CII			
		Dr. Neil Stoddard, 10	00 Brown St	treet.	Chestert	own. Mar	vland :	21620			
		DIT INCIL DEGGGGGGG				CHILLY WALL	/ I COLLEGE O				
Stat	е		32. Registrar's Signatu	ire		01121	y Lana .				

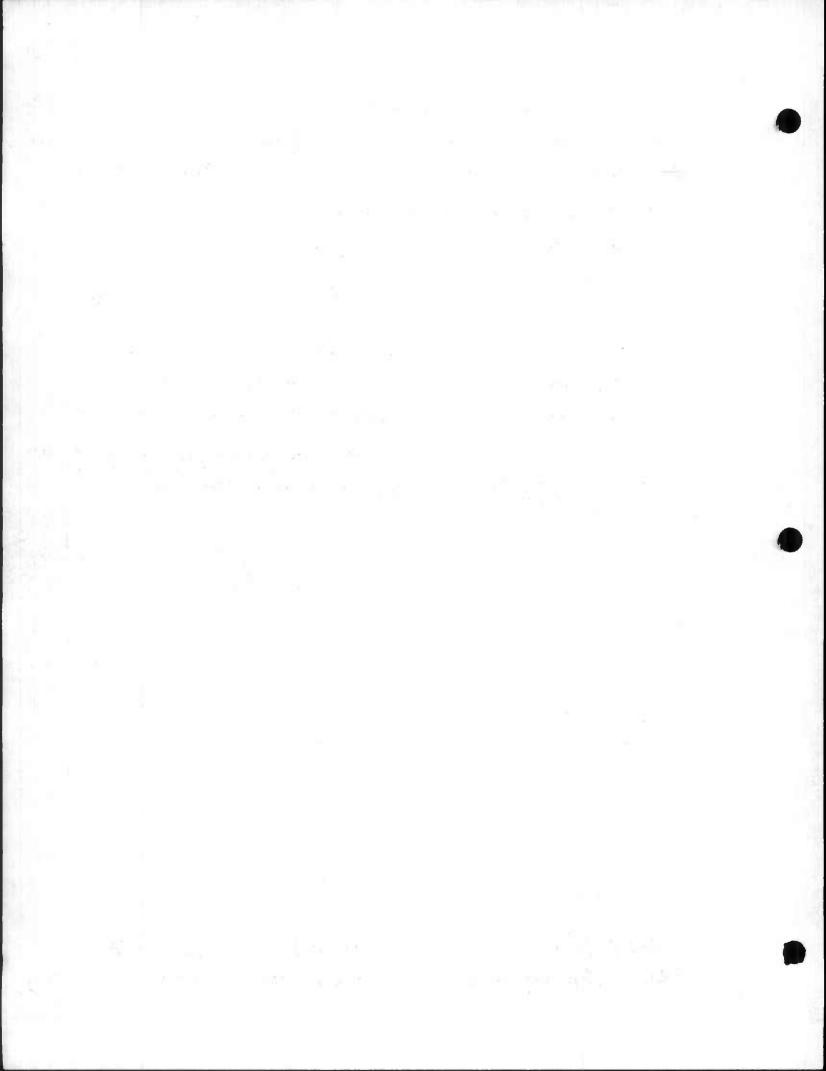


State of Maryland / Department of Health and Mental Hygiene

Item: 5 per F.H. G-746 4/15/97 reb Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Deta of Daath 3. Time of Death Month MARCH **Physician** Day NEWELL 19-1997 /Medical 4a. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner MARYLAND GEON GES Hours Min. 8. Data of Birth Month, Day, Sept 1, 6. Sax XXM 2□ F If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplaca (Stata or Foraign , Funeral Months Days New Jersey Yrs 54 Director 214 42 0596 Usuel Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits ns 23a or 28a-f show Maryland Prince George's Fort Washington 1 Yes 2 No Director 10a. Street and Number 10f. Zin Code 10g. Citizan of What Country? 7518 Blanford Drive 20744 United States Funeral permit. Pages 1 and 2 should be filed within 72 hours after deat Department of Health and Mental Hygiene. Important if them 27 is marked other than any Injury or other traumment. 12. Wes Dacedant Ever In U.S. Armed Forces 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Detas: 13. Was Decedant of Hispanic Origin? (Spacify Yes or No-lf Yas, specify Cuben, Maxicen, Puarto Rican, atc.) 14. Rece - Amarican Indien, Biack, White, etc. 1 Navar Married 2 Married 1 ☐ Yas 2 ☐ XX Spacify: þ Specify: White 3 ☐ Widowad 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Maryland National Capt Eiemantary/Secondary (0-12) College (1-4or 5+) Park Police Police Commander 17. Fathar's Nema (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumama) Be Irene Emily Johnson Newell Stanley Rand, Sr. 2 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code)
7518 Blanford Drive, Fort Washington, Md 20744 19e. Informant's Name/Raiationship (Type, Print) Donna M. Rand (WIFE) 20a. Mathod of Disposition

Y ■ Buriai 2 ☐ Cramation 3 ☐ Ramovai from State 20b. Pleca of Disposition (Nama of camatary, crematory or other place) 20c. Location - City or Town, Stata Edgecomb Memorial Park Cemetery Tarboro, North Carolina 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility ee Funeral Home, Inc 6633 Old 21, Signature Funeral Sarvice Licenses Alexandria Ferry Rd, Clinton, Maryland 20735 23a. Part1. Enter the disease, of complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heer failure. List only one per silver on each line. Approximata Interval Batwean Onsat and Deeth **Physician** /Medical Immediata Causa (Final disaasa or condition resulting in daath) ulmonar **Examiner** Examiner or Attanding Physicien: The law requires that the death certificate be executed Sequantially list conditions, if eny, laading to immadiata ceusa. Entar Undarfying Causa (Diseese or Injury thet initiated evants rasulting In daath) Last the burial-tran Division of Vital Records, P.O. Box 68760, the attending physician Physician/Medical ō Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 3 □ Probably Wunknown 1 ☐ Yes 2 ☐ No þ page 2 should be 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Was an autopsy performed? peed certificate has 1 Vas 2 No 1 Yas 2 No Be 25. Was cesa rafarred to medical 26. Pleca of Death (Check only ona) 1 ☐ Yas 20XNo Hospitei Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 2 1. Inpatiant 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28c. Injury at Work? Certification: 28b. Tima of 28d. Dascribe how Injury occurred Affer 5 Panding invastigation Natural To the Hospital or Attendit within 24 hours after death.
To the Funeral Director: A completely filled in by the fi death. 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) Piace of Injury - At homa, farm, straet, factory, office building, atc. (Spacify) 4 Homicide Lertifying Phyalcian: To tha best of my knowledga, daath occurred et the tima, data and piace, end dua to tha ceuse(s) end mannar as statad.

| Medical Examinar: On the besis of axamination end/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the causa(s) and mennar stated. edicai 29a. Cartifian (Check only one) 29b. Signature and title of certifie 29c. License number 29d. Date signad (Month, Day, Year) 30. Name and eddress of person who completed ceuse of deeth (Itam 23a) (Type, Print) 4467 OLD 32. Registrar's Signature. 31. Date filed (Month, Day, Year) State MAR 2 6 Registrar



						Ce	rtifica	ite of	Death		Reg. No.		0 12 (
Physic	ion	1. Decedant's Name (First, M					2. Data of D Month	eath Day	Yaar	3. Time of	Death				
/Medi		Darre							97	12:10) PM				
Exami		4a. Facility Name (If not Instit 10216 Golf Co	ution, give DULSE	straet end nun Road	nbar)				4b. City, Town, or Ocean C	Location of Dec ity		y of Deeth ester			
Funeral Director		5. Social Security Number 238-32-3666 Usual Rasidanca of Dacadan		ox OM 2□F	7. Aga (In yrs 69	. last birthday) Yrs.		er 1 Yaer s Days		8. Data of 8 (Month, D	orth Pay, Year) 9/1927	9. Birthpl Count NC	laca (State or try)	r Foreig	
anyland show	_	10a. Stata 10b. Cou			10c. C	ity, Town or Lo	ocation					10	0d. Insida Cit		
Ne Mi	School		rcest	er		Ocean								Z/LING	
with the	ğ	10e. Street end Numbar						ip Coda			10g. Citizen of		try?		
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permit. Pages 1 end 2 should be filed within 72 hours efter deeth with the Maryland Department of Health and Mental Hyglene. Important: if fern 27 is marked other than "natural", or ferns 23a or 28a-f show any injury or other traumatic event, the Medical Examinat must be inclifted at sons.	by Funeral Director	11. Maritel Status 1 Never Merried 2 (1) 3 Widowad 4 Divor		12. Was Dece Armed For 1 Yas If Yas, Give Year or De	cas?		If Yas, sp		Hispanic Origin? (S ben, Mexican, Puan Specify:	to Rican, atc.)	Speci	ce - America ick, Whita, a fy: Whi	atc.		
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d be ental	To Be	Furney Bectin							ine Aust						
d 2 should be file th and Mental Hy 7 is marked oth traumatic event	F	19a. Informant's Name/Ralat		19b. Maili	ng Addra	ss (Stree	t and Number or Ri				Coda)				
alth a		Lorraine P. R	200 -	- wife		1021	6 G	olf C	ource Po	oco be	an City	MD	21842		
Pages 1 e lent of Hea nt: If item ry or othe		20a. Mathod of Disposition			20b.	Plece of Dispo	osition (N	ema of	ourse Ro	Data	20c. Location	- City or To	wn, Steta		
		ty□ Buriel 2 □ Cramati 4 □ Donation 5 □ Otha	on 3 ∐l <i>(Specity,</i>	Ramoval from S)	tata	rergree				3/18/97	Berlin	, MD	21811		
Departit. Departmit. Importa		21. Signature of Furnation Serv							ass of Facility		108 Will				
70 = 8 Q		11 12 1/2										21811			
Physician /Medical Examiner	Examiner	Immediata Causa (Final disaasa or condition rasulting in death)		e	Ung Due to (or es a conse	quance of		N				1/2 4	le	
requires that the death certificate be asscuted seen signed by the attending physician and thould be deteched for use as the buriel-transit	Physician/Medical Exan	Sequantially list conditions, if any, leading to immadiata cause. Entar Undertying Cause (Disaesa or Injury that initiated avents rasulting in death) Last	c		or as a consec or es e consac						1				
eath cert attendin I for use	lan/N			d											
the a	ysic	Part II. Other significant cond	littons co	ntributing to dea	th but not ras	sulting in the u	ndarlying	causa gi	van in Part I.	23b. Did tobacco use contribu			ute to the cause of death		
ires that the de signed by the d be deteched	by Ph									10	Yes 2□ No	3 Prob	pably 4⊟L	Jnknov	
2 s ×	Completed b										s an autopsy formad?	eve	are eutopsy fi eilable prior to mplation of ca daath?)	
olclan: The law require certificate has been sig irector, page 2 should b	Con									1□	Yas 2 No	1	Yas 24	No	
ysician: The s certificate director, pag	Be	25. Wes casa rafarred to med axaminar?	-						26. Placa of De	ath (Check only	ona)				
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To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	Certifi	4 ☐ Homicida dat	noma, farm, straat, factory, office 28f.					28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)							
e Hospi 24 hou Funer letely fil	edicai	29a. Cartifiar 1 Certi (Check only one) 2 Medi	ying Phy ai Examl	sicten: To tha base iner: On the base and mann	is of axamina	owledga, daat ation and/or in	h occurre vastigatio	d at tha ti on, In my	ma, data and place opinion, daath occu	e, end dua to the erred at tha time	a causa(s) and m , data and placa	annar as st , and dua to	ated. tha causa(s)		
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	10	30. Nama and addrass of pers	on who c	omplated causa	of death (Itar	m 23a) (Type,	Print)								
Sta	/0	30. Nama and addrass of pers Robert Durki 31. Data filed (Month, Day, Ye	n, M	omplated causa D 9733	of death (Iter	n 23a) (Type, hway D	Print)	1 6	, ,	21811	3//	7/9) -	7	

DHMH 16 Rev 6/95

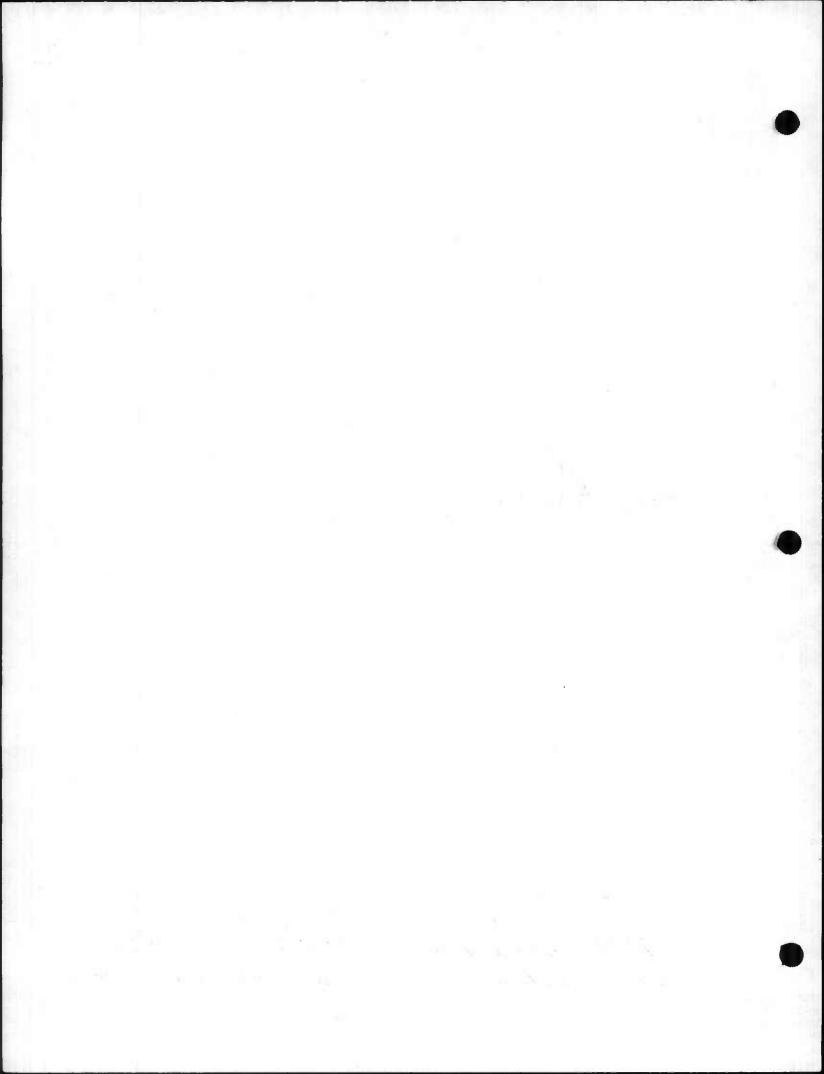
State of Maryland / Department of Health and Mental Hygiene

						mai yiai				Death	I WICHTAIT I	Reg. No.				
	Dh!-		1. Decedent's Nama (First, M	iddle, Las	st)						2. Date of E		Year	3. Tima of Death		
	Physici /Medi				les RES						March			12:42pm		
	Examir		4a. Facility Name (If not Instit	ution, give	e street and numb	oer)				4b. City, Town,	or Location of Dea		ty of Death			
			DOCTORS H	OSPI	TAL					LANHA		PR	INCE C	GEORGES		
	Funeral Director		5. Social Security Number 148–46–9141		ax 7.	Age (In yrs.	last birthday Yrs.	Month:	ar 1 Yaar Days		in. (Month, L	irth Pay, Year) 4, 1954	9. Birthp Cour	place (Stata or Foreign pricy)		
	9		Usual Residence of Deceden 10a. Stata 10b. Cou			100 C	ity, Town or L	contion						104 1-14-01-11-14-		
		5		•	~=~~~	100.01								10d. Inside City Limits 1 ☐Yes 2 ☐ No		
	Ne M	Director		INCE	GEORGES		COL	LEGE				40.00	4110			
	with be o	급	10e. Street and Number					101. 2	ip Code			10g. Citizen of	What Cour	Mry?		
	ss 23	eral		2nd 1		not Ever in 1	10 12	Wes Dos		0740	/Canaih, Van ar h		J.S.A.			
215-0020	ours after death with the Maryler ist, or items 23s or 28s-f show Examiner must be notified at	by Funeral	11. Marital Sfatus 1 □ Never Married 2 ▼ 3 □ Widowed 4 □ Divor		12. Was Decede Armed Force 1 Tas 2 If Yes, Giva Year or Date	No	7,3. 13.			Specify:	(Specify Yas or No- erto Rican, efc.) 14. Race - An Black, Wh Specify:					
Ö	"natural",	be	15. Dece	denf's Ed	lucation		16a. Dece	dent's Us	ual Occu	paflon		16b. Kind of				
215	In 7	Completed	(Specify only high Elementary/Secondary (0-1			or 5 ()	(Give	kind of w	ork dona use retire	during most of (
217	filed within Hygiene. ther than "	E	Elementary/Secondery (0-12) College (1-4or 5+)				MUSICIAN					1	MUSIC			
p	should be filed within Mental Hygiene. marked other than imatic event, tre M	Be C	17. Father's Name (First, Mid	da, Last)						18. Mothar's h	Nama (First, Middle	a, Maidan Suma	ama)			
/lai	Mental Merked of artic eve	ToE	IVAN	1	RESSLER						JEAN	DYER				
Maryland	2 should end Men Is marks		19a. informant's Name/Relet	onship (7	Type, Print)		19b. Mall	ing Addre	ss (Strae	t and Number or	Rural Route Num	ber, Clty or Tow	n, State, Zip	Code)		
_	1 end 2 Health em 27 I		DIANA T. RE	SSLE	R/WIFE		1820		ST K	NIFE CR	.#301, G	AITHERSI	BURG.	MD. 20879		
ore	Itimore It. Peges 1 Itment of He Internation of		20a. Method of Disposition 1 ☐ Burial 2 ☒ Cremati	on 3 🗆	Ramoual from Str		Place of Disp cemetery, cre	osition (N	ame of		Data	20c. Location				
Ë			4 Donation 5 Othe				LAMBERS	CRE	MATO	RY	3/20	RIVER	RDALE,	MD.		
alt	permit. Departr Importu any Inju		21. Signature of Funeral Service Licegoree 22. Name and Address of Facility													
700	82 E 2 9		MOOO91 CHAMBERS FUNERAL HOMES, P.A., RIVERDALE, MD. 2073													
	Physician /Medical Examiner)r	23a. Part1. Enfer the disease shock, or heert failure. Immediate Cause (Final disease or condition rasulting in death)										ed	one west		
	ped nsit	nin			b	16h	2823	1	4	war	•			YEATS		
	sand el-tra	Examiner	Sequentially list conditions, if any, leading to immediate			Due to (or as a conse	quance of	P				i			
68760,	cate be executed physician and s the buriel-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events	<	c	11001	open	500						Sears		
89	ificate g phy as the	edlcai	Due fo (or as a consequenca of):													
Box	eth certi ettending for use a	2	d													
m	deeth d for	cla	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in							ven in Part I	23h Ni	d tobacco usas c	acco use contributa to the cause of deeth?			
0	that the de ed by the detached	Physician/M	r all II. Other significant con-	onthibuting to deat	II DUL HOL IO:	Thou resulting in the underlying cause given in Fact I.					1 Yes 230 No 3 Probably 4					
٣,	es that igned to be det	by P									= "	1100 200110	0_110	Dabiy 4 Olikilowii		
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	The law ate hes b page 2 s	6									10	Yes 20 No	1[☐ Yes 2☐ No		
of Vital		Be C	25. Wes case referred to med	licai						26. Place of I	Death (Check only					
f \	Physiclen: this certific ral director,	ToE	examiner? 1 ☐ Yes ≱⊠No		Hospital: 1 Plnp	atient 2	ER/Outpatie	nt 3□ [Ot Ot	hor	g Home 5 ☐ Re		ther (Specif	(v)		
	g Phys er this neral di		27. Menner of Deeth	0400	28e. Dete of i		28b. Time o		28c. Inju Wo			how injury occ				
Ö	ath. r: Aft	atlo	Netural 5 ☐ Per 2 ☐ Accidant	nding estigation		Day (Gai)	Injury	M		Yes 2 □ No						
Division	To the Mospital or Attending Phy within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	Certification:	3 Suicide 4 Homicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, building, etc. (Specify)								mber or Rure	al Route Number,				
	Hospit 24 hour Funera etely fill	Medical	29a. Certifier (Check only one) Certifier 2 Medi	fying Phy cal Exem	ysicien: To the be liner: On the basi and manner	s of exemine	owledge, dea etion end/or in	h occurre vestigetio	d at the ti	me, data and pic opinion, death o	aca, and dua to the courred at the time	e cause(s) end r	manner as s a, end due to	teted. the ceuse(s)		
	o the	Me	29b. Signature and title of cer	tifier	31.9 11911101	- 1 m 1 M 1 M 1	-	2	9c. Lican	sa number		29d. Date sign	ned (Month,	Day, Year)		
	- s - ö		101	nS	28	200	1 146					_				
	5		30. Name end address of pers	on who			phO m 23a) (Type	Print)	. 0	ADMA	Nme	STARA	リンア	MD		
			7305 HARRING	P	Viale n	Ca (14 -	h. 1+	~~	7	270	110	111017	110	10(10-		
	Sta	te	7305 Hanever 31. Date filed (Month, Day, Yo	ear)	32. Reg	istrar's Sign	atura	30		2,70						

DHMH 16 Rev 6/95



					Cei	rtificat	e of	Death		F	leg. No.				
CO STA		1. Decedant's Name (First, Middle, I	ast)							2. Date of Dee	lh		3. Time	of Death	
Physic		Morri	s E. Ros	en						Month	Dey	Year 1997	11	:45am	
/Medi		4e. Facility Name (If not institution, g	ive street and number)					4h. City. To	own, or Lo	March ocation of Death	Ac Coun	1997 ty of Death	TI	• 4Jaiii	
Exami	ner														
		Mariner Health of 5. Sociel Security Number 6.				If Under	1 Voor		er Sj	oring		gomer	-		
Funeral		577-07-2698	Sex 7. Ag	e (In yrs. las		Months	Days		Min.	8. Dale of Birth (Month, Day	Year)	9. Birthp	lace (Stat itry)	e or Foreign	
Director	ı			89	Yrs.					Nov. 4,	1907		sylva		
pu *		Usual Residence of Decedeni 10a. State 10b. County		10a City	Faura au la										
anyla aho	_	Tou. State		10c. City,		callon						1		City Limits	
N I	cto	Maryland Montgor	nery	Rocky	ville								1 X _1 Y	es 2□No	
# 22 #	Directo	10e. Street and Number				10f. Zip	Code				l0g. Citizan of	Whel Cour	ntry?		
38 d		11410 Strand Dri	ive			20	852				11 0	S.A.			
Jas deat	Funeral	11. Marital Status 12. Wes Decedent Ever in U.				Was Deced	dent of	Hispanic Ori	igin? (Spe	ecify Yes or No-		ce - Americ	an Indien.		
The field	E	1 ☐ Never Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2X N	No	- 1	f Yes, spec	cify Cut	an, Mexicar	n, Puerto	ecify Yes or No- Ricen, etc.)		ack, White,	etc.		
d 2 should be filed within 72 hours ef the and Mental Hygiene. It and Mental Hygiene. It is marked other than "natural", or traumatic event, the Medical Exam.	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dales:			1□ Yes	2X No	Specify:			Speci	ity: Whi	te		
hou mile	P	15. Decedent's			16a. Deced	font's Heur	al Occu	nation			16b. Kind of I	Business/Inc	duates		
within 72 hours efter death with the Manyland with in 72 hours efter death with the Manyland ene. than "natural", or items 23s or 28s-f show the Madical Examiner must be notified at	Completed	(Specify only highest g			(Give	kind of wo	rk done	during mos	t of worki	ing	100. Kind or i	Dusinasanin	dustry		
with with the man	E	Elementary/Secondary (0-12)	College (1-4or 5	+)	Salesman						ance	ance			
her in	ö	17. Father's Name (First, Middle, Las								(m) - 1 4 1 4 1					
od of the to	Be		ol)		18. Mother's Name							ime)			
ould Mer ark	ို	Jacob Rosen								rmelste:					
and and and and and and and and and and		19a. Informant's Nama/Relationship (Type, Print)			19b. Mailir	ng Address	(Stree	t and Numbe	er or Rure	al Route Number	r, City or Town	n, State, Zip	Code)		
end salith		Jack Rosen/Son			11410	Stra	ind	Dr.	Rocky	ville, N	1d. 208	352			
bermit. Pages 1 er Department of Hea Important: If Item. Iny Injury or other		20a. Method of Disposition	\wedge	20b. Plac	e of Dispo	sition (Nan	ne of	ice)		Dale	20c. Location	- City or To	wn, Stele		
permit. Pages 1 end 2 should be filed within 72 hours efter death with the Manylan Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinet must be notified and		1 ☑ Burial 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (S	(N)			•		arden	5 3	/9/97	Olney,	Marv	land		
it. Partm		21. Signature of Funeral Contract Lor		oude				ess of Facilit		13131	orney,	nary	Tana		
Depariment in moon in the same		A. MA	11/							1 Homes					
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		73a. Part1. Enter e disaese, or co shock or haar failura. List onl	y on cause on each lin	the death.	Do not ante	er the mod	e of dy	ng, such as	cerdiac o	or respiratory arr	ast,	1	Approxim Interval B	ata etween	
Physician	Examiner			100									Onset an	d Death	
/Medical		Imm Ceuse (Final diseasa or condition	Acres	1	21110	101	10	-0	1 de	ereter	as:	1	da	wax	
Examiner		resulting in death)	s a conseq	uence of):			1	au				win			
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outec		Sequentially list conditions	ı b	Due to (or a	needoo 8 a	uence of):									
exaec n en iel-tr	Exa	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying	Duo to (oi u.	a conseq	delice oi).										
ificate be ex physician as the buriel	cai	Causa (Disease or Injury that Initiated events													
eath certificate be executed ettending physician end for use as the buriel-transit	edical	resulting in death) Last	a consequ	uence of):											
ding	N	d													
death o	ian											1			
0 0 0	Physician	Pert II. Other algnificant conditions	contributing to death bu	t not resultir	ng in the ur	derlying co	euse gi	ven in Part I		23b. Dld to	bacco use c	ontribute to	the caus	of death?	
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law require es been si 2 should l			,							24a. Was a		24b. We	ere autops	y findings	
w re	Completed									perform	TIEGY	COL	nilable prio mpletion of daath?	ceuse	
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icate										1 Ye	es 2 4No	10	Yes 2	□No	
Attending Physician: The restriction of the function of the fu	Be	25. Was cese referred to madical examiner?	Ha anitali				l air		of Death	(Check only on	a)				
Physic this o	2	1 ☐ Yes 2 ☐ No	Hospital: 1 Inpatier	nt 2□ER	/Outpatient	3□ DO	A Oti	her: 4 🗓 No	rsing Hor	me 5 Reside	nce 6 □Ot	her (Specify	1)	. 13	
ding P. h. After ti funera	Ë	27. Manner of Death 1 □ Hatural 5 □ Pending	28e. Date of injury (Month, Day)	Year) 28	b. Time of Injury	21	Bc. Inju Wo	ry at	2	28d. Describe ho	w injury occu	rred			
or Attending efter death. Director: After in by the fune	atic	2 Accident Investigation			in gary	М		Yes 2 1	No						
Afte octo	fic	3 ☐ Suicide 6 ☐ Could not I	288. Place of Inju		, farm, stre	et, factory	, office		2			ber or Rura	/ Route Nu	ım <i>ber</i> ,	
al or Attendir s efter death. it Director: Al	Certification:	4 Homicide	building, etc.	. (Specify)						City or Town	alion (Street and Number or Rural Route Number, or Town, State)				
To the Hospital or A within 24 hours efter To the Funeral Direction completely filled in the com		29a. Certifiar 1/0 Certifying P	hysician: To the best of	f my knowle	dos desth	occurred t	at the ti	ma data an	d place is	and due to the or	ounce(a) and -		atad		
Hos Pun Fun	edicai	(Check only 2 Medical Exa	miner: On the basis of a	exemination	and/or Inv	estigation,	in my	pinion, deal	th occurre	ed et the time, de	ate end place,	and due lo	tha ceuse	(s)	
thing H	Mec	29b. Signature and little of certified	and menner stal	100.		200	Linen				04 0-11		Day Marris		
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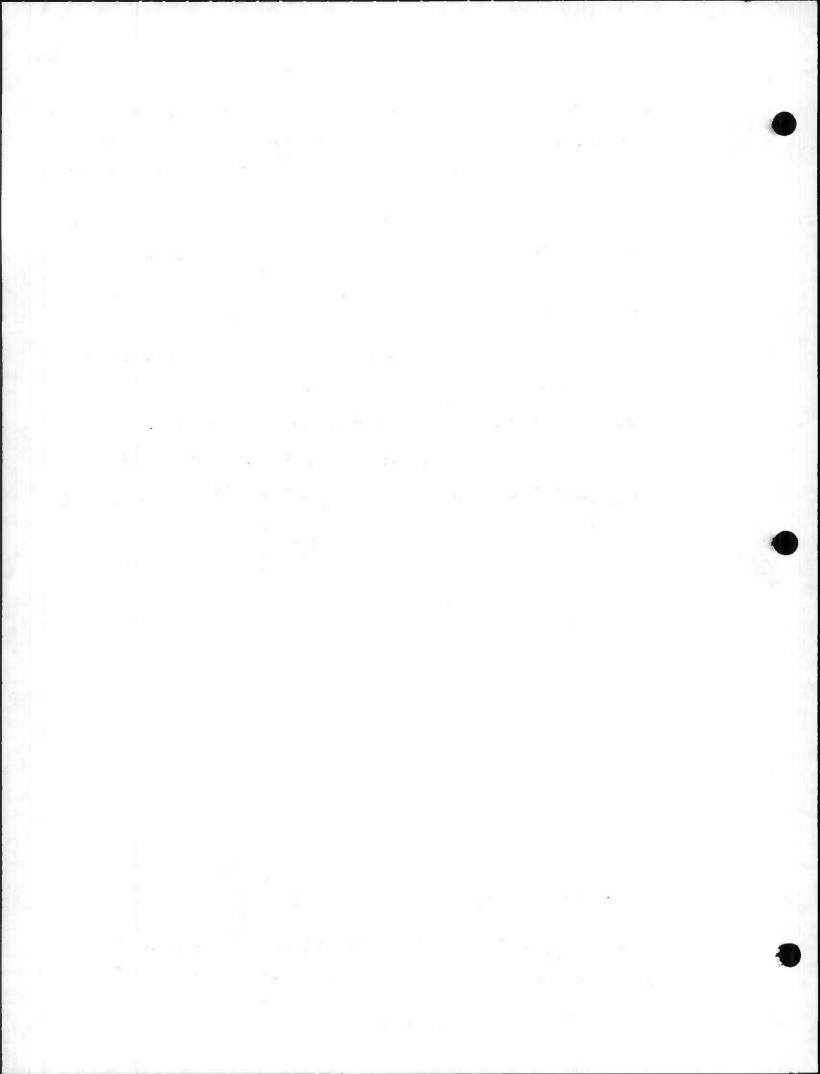


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					Cei	rtificate (of Death	F	Reg. No.				
Dhusia	la.	Decedent's Neme (First, Middle, Last)						2. Dete of Dee	eth	Vasa	3. Time of Deeth		
Physici /Medi		Isaac (Fred	Ro	osenkra	ntz		12, 19	Yeer 97	12:00pm				
Examir		4a. Fecility Neme (If not institution, give)				Location of Deeth					
0.00	, 1	Suburban Hospita	1				Bethesda			tgomer			
Funeral Director		000-05-2525	ex 7. A	ge (In yrs. ia 88	st birthday) Yrs.	If Under 1 Y Months Do	ear If Under 24 Hrs eys Hours Min.		9 , 1908	9. Birthple New	ece (State or Forei		
and w		Usuel Residence of Decedent 10e. State 10b. County		10c. City	Town or Lo	cation				10	ld. Inside City Limit		
Manyli f sho	5	MD Montgo	merv			Spring				10	1 Q Yes 2 □ N		
h the Maryland r 28a-f show	Tec.	10e. Street end Number		51.	LVCL	10f. Zip Cod	to .	1.	10g. Citizen of	What Count	71		
s 23a or	Funeral Director		urt			209	01		U.S.A.	•			
filed within 72 hours after death with the Maryland Hygiene. Hygiene that then "natural", or items 23s or 28s-f show mit, me Medical Examinat must be notified at	by	11. Marital Status 1 □ Never Merrled 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces' 1 Yes 2 In If Yes, Give Yeer or Dates:	?	1	Vas Decedent f Yes, specify (I □ Yes 2 🕱	of Hispanlc Origin? (S Cuben, Mexican, Puer No Specify:	Specify Yes or No- to Rican, etc.)	Blee	ca - America ck, White, e y: Whit	tc.		
should be filed within 72 hours Mental Hygiene. merked other than "netural", medic event, the Medical Ext	Completed	15. Decedent's Ed (Specify only highest gra		16e. Deced	lent's Usuel Oc	cupetion one during most of wo	deina	16b. Kind of B	usiness/indu	ustry			
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should be fund Mental I	P	Harry Rosenkra				Esther							
d 2 should be file th and Mental Hy 7 is merked oths traumetic event		19e. Informent's Neme/Relationship (7				reet and Number or Ri				Code)			
is 1 end 2 of Health item 27 is		Lawrence Jay Rose	enkrantz	OOL DIA			ord Terr.,						
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t. Pa tmen tant:		4 ☐ Donetion 5 ☐ Other (Specify		Kir	ng Dav	Church	, VA						
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al or Attending s efter death. il Diractor: After d in by the fune	Certification:	3 Suicide 6 Could not be 4 Homicide determined	iury - At hom c. (Specify)	iome, ferm, street, factory, office 28f. Location (Street and Number or Rural Route Number City or Town, State)									
To the Hospital or within 24 hours effer To the Funeral Dir completely filled in	edical	29e. Certifier (Check only one) 15 Certifying Phy 2 Medical Exami	sician: To the best oner: On the basis of end menner ste	t exa <i>m</i> inetio	wledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. ion end/or Investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s)								
To th To th Somp	Me	29b. Signeture end title of certifier				29c. Lic	ense number	2	29d. Date signed (Month, Day, Year)				
12		· anni	7	16)	D	37891 1 Ln #4	1	MARCH	12	1997		
		30. Neme end eddress of person who con A A TV A N 2H (31. Dete filed (Month, Day, Year)	mpleted cause of d	leeth (Item 2 2 Cm	3e) (Type, F	erint) Soon a	1 Ln #4	09 Rod	kville	mD	20852		

Registrar

MAR 1 9 1997 John Saindon Rondon



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Death Month Day **Physician** Year SHIRLEY REISSMAN MARCH 17, 1997 10:30 PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 2805 HARRIS AVENUE WHEATON MONTGOMERY 5. Social Security Number If Under 1 Year If Under 24 Hrs. 6 Sax 7. Age (In vrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 M 2 TX F Months Days Hours Min. Yrs. Director 579-20-5077 73 12/24/1923 WASHINGTON, DC Usual Residence of Decedent the Maryland 10a. State 10b County 10c. City, Town or Locetion 10d. Inside City Limits 28a-f show rai', or items 23a or 28a-f st Examiner must be notified Director 1 ☐ Yes 2X No MARYLAND MONTGOMERY WHEATON 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2805 HARRIS AVENUE 20902 U.S.A. Funeral death 11 Marital Status Was Decadent Ever in U,S. Armed Forces? Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. permit. Pages 1 end 2 should be filed within 72 hours after. Department of Health and Mental Hygiane. Important: If Item 27 is marked other than "natural; or Item any injury or other traumatic event, the Medical Examina I ☐ Yes 2 X No 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: by Specify: 3 ☑ Widowed 4 ☐ Divorced Year or Dates: WHITE Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 ADMINISTRATIVE CLERK **HEALTH & HUMAN SERVICE\$** Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) LOUIS SEIGEL ROSE YOCKELSON 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) RHONDA DALLACHIESA (DAUGHTER) 11307 BROOKSIDE COURT IJAMSVILLE, MARYLAND 21754 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State KING DAVID MEM. GDNS. 4 ☐ Donation 5 ☐ Other (Specify) 3/19/97 FALLS CHURCH, VIRGINIA of Funeral Squace Usensee 21. Signalatin 22. Name and Address of Facility DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE, ROCKVILLE, MARYLAND 20852 Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical mediete Cause (Finel CORANARY ARTERY DISEASE 15 YEARS disease or condition resulting in death) Examiner Due to (or es a consequenca of) Examiner DIABETES MELLITUS 15 YEARS bunal-fran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequenca of): The law requires that the death certificate be axecu Box 68760. Physician/Medical the Due to (or as a consequence of): for use as Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 Unknown eq ð Completed 24b. Were eutopsy findings available prior to 24a. Was en eutopsy completion of ceuse of death? 1 ☐ Yes 20XNo 1 ☐ Yes 2 ☐ No Physiclan: Be 25. Was case referred to medicel examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitai: 2 1 Yes 2√No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Deeth Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred After s after des. 5 Pending investigation 1 X Weturai Injun 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 T Homicide

P.O. Records, of Vital Division or Attanding

filled in by To the Hospital o within 24 hours af To the Funeral Di completely filled in 10

29a. Certifier

(Check only 29b. Signature and tit

State Registrar

Medical

31. Date filed (Month, Day, Year) MAR 1 9 1997

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

JOEL GOOZH, MD 4701 RANDOLPH ROAD, ROCKVILLE, MARYLAND 32. Registrar's Signature chia Davidson - Mandall

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner as stated.

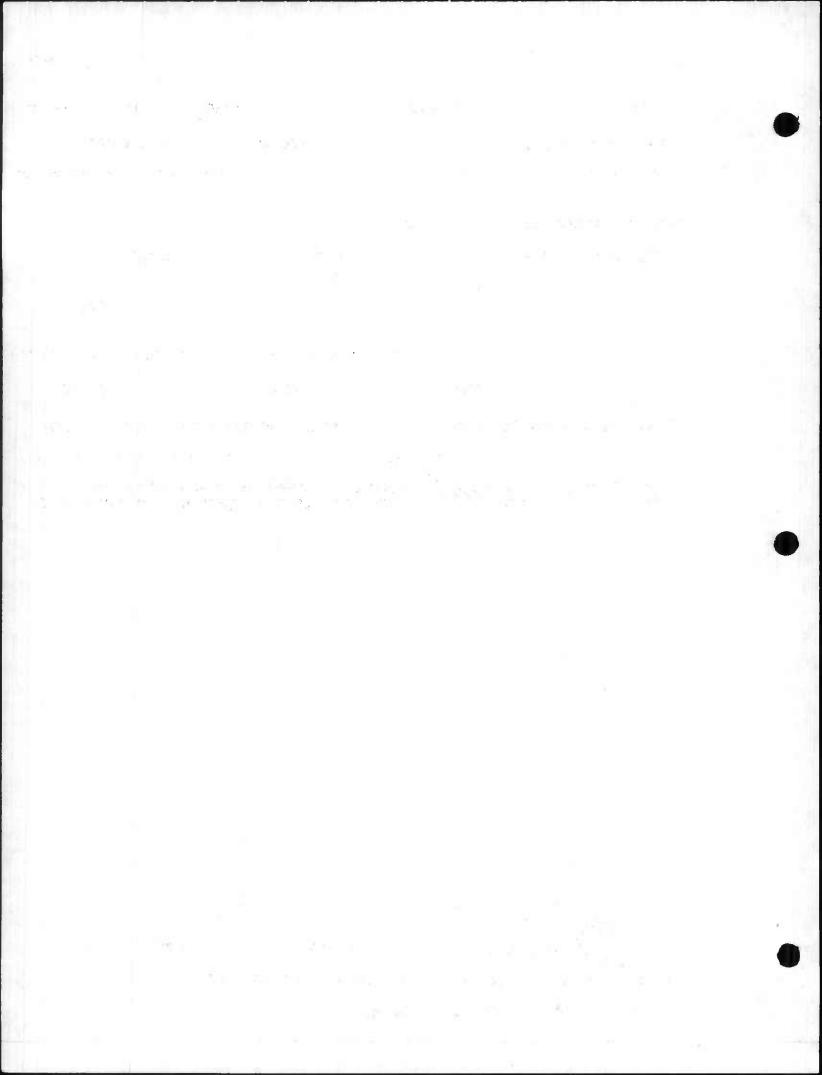
Implication with the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

D16495

29c. License number

29d. Date signed (Month, Day, Year)

MARCH 18, 1997



State of Maryland / Department of Health and Mental Hygiene

97

10325

					Cei	rtificate c	of Death		Reg. No.		1002
D1 - 1		1. Decedent's Name (First, Middle, I	.ast)					2. Date of De		Vene	3. Time of Death
Physic /Med		James		Rub	en			March	16, 1997	Year 7	10:30 PM
Exami		4a. Facility Name (If not institution, g	ive street and numb	oer)			4b. City, Town,	or Location of Deat	th 4c. County	y of Death	
2.011		3907 Blackburn	Lane, #12	2				sville	Mont	tgomer	У
Funeral Director		167-05-5135	Sex 7. 1 ☑ M 2 ☐ F	Age (In yrs. le 81	est birthday) Yrs.	If Under 1 Ye Months Da		lin. 8. Date of Bi (Month, Di May 24	rth ay, Year) 1915	9. Birthol Penns	ace (State or Foreign Sylvania
land m		Usual Residence of Decedent 10a. State 10b. County		10c. City	, Town or Lo	cation				10	Od. Inside City Limits
r the Maryland r 28a-f show	ţ	Maryland Montgo	nerv	Buri	tonsvi	11e					1 ☐ Yes 2 ☑ No
or 28s	Director	10e. Street and Number				10f. Zip Cod	le		10g. Citizen of	Whet Count	try?
23a or	ai	3907 Blackburn	Lane, #12	2			20866		USA	A	
permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mentel Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other treumatic event, I'm Medical Examinar must be notified a any injury or other treumatic event, I'm Medical Examinar must be notified at any injury or other treumatic event.	by Funeral	11. Maritel Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decede Armed Force 1 Yes 2 If Yes, Give Year or Date	es? DXNo		Was Decedent of Yes, specify C		(Specify Yes or No erto Rican, etc.)	0- 14. Rad Bla Special	ce - America ick, White, e	etc.
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ithin 7	nple	(Specify only highest g Elementary/Secondary (0-12)	College (1-4	or 5+)	life.	DO NOT use re	ne during most of tired)	working			
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d 2 s th en 7 is r		Irwin M. Ruben				_		Rurel Route Numb			cooe) :yland 209
of Heal of Heal fitem 2 r other		20e. Method of Disposition 1X Burial 2 ☐ Cremation 3		0.0	ace of Dispo	sition (Neme or netory or other	•	Dete	20c. Location		
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Departi Departi Importi any inj		21. Signature of Fuheral Service Lic	ensee)	las	_ (/)	1800 No		ines-Rinaryland		neral	Home
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J Insit	Examiner		b			, ,				i	
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death ed for u	sici	Part II. Other signiffcant conditions	contributing to deat	h but not resul	Iting in the u	nderlying cause	given In Part I.	23b. Did	tobecco use co	ontribute to	the cause of death
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tending Ph leath. lor: After th the funeral	ion:	27. Manner of Death 1 □ Naturel 5 □ Pending		Injury Dey Year)	28b. Time of Injury	1	njury at Work? I □ Yes 2 □ No	28d. Describe	how Injury occu	rred	
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within 2 To the	Me	29b. Signature and title of certifier	7 1,	1		29c. Lic	ense number		29d. Date signe	ed (Month, L	Dey, Year)
12		Lande	4 XT	Bus	IAN N	2 1	227	7.8	March	17. 19	997
, -		30. Name and address of person who	completed ceuse	of deeth (Item	23e) (Type,	Print)	XX	/ 0			
		Frederick Barr,					ve, #210,	Silver	Spring,	MD 2	20902

State Registrar 31. Date filed (Month, Day, Yeer)

MAR 1 9 1997

32. Registrer's Signeture

John Savidson-Randoll



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 10326

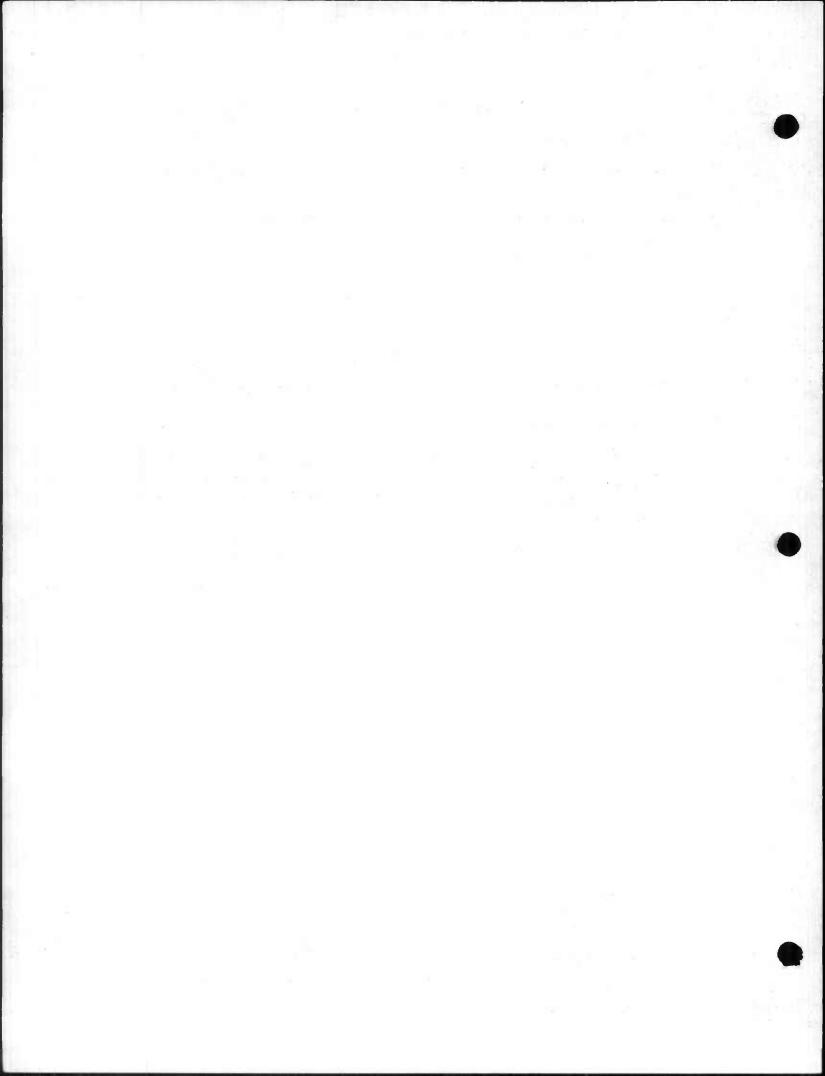
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April 10, 1917 Maryland April 10, 1917 Maryland April 10, 1917 Maryland April 10, 1917 Maryland April 10, 1918 Maryland	Fune	ral	5. Soc	ial Security Nu	ımber			7. Age	(In yrs. I	last birthday)	If Un			rs. 8. Date	of Birth	V	9. Birthp	lace (S	ete or Foraign
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20. Method of Disposition (Jones of Disposit	and N			nformant's Na	me/Ralations	ship (Ty	pe, Print)			19b. Maili	ng Addr	ess (Stree	et end Number or	Rurei Route i	Number	, City or Town,	Stete, Zip	Code)	
Smithsburg Cemetery 1997 Smithsburg Md. 21783 Smithsburg Md. 22 Name and Address of Facility 12525 Bradbury Ave. Davis Funeral Home 12525 Bradbury Ave. Davis Funeral Home Smithsburg Md. 21783 Smith			Cha	rles	H. Ro	oss	(Hus	ban	d)	128	316	Bik	le Rd.	Smitl	hsb	urq, Mc	. 21	178	3
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10327

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			Suburb	an Hos	spital					Be	the	sda	Mor	tgome	ery	
	Funeral Director		5. Social Security Number 271–01–6068		Sex 12⊠M 2□F	7. Aga (In yr 86	s. last birthde Yrs.	y) If Und Month	dar 1 Yaa S Deys		24 Hrs. Min.	8. Data of Birth (Month, Day, Sept. 29			lace (Sta	ata or Foreig
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State of Maryland / Department of Health and Mental Hygiene

10328

Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth **Physician** March 16, 1997 Margaret C. Schweinhaut 12:00 PM /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Montgomery 3601 Saul Road Kensington If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Yeer) Birthplece (State or Foreign Country) **Funeral** Days 1 ☐ M 2 🖾 F Months Hours Min. Yrs. Director 93 1903 577-26-2557 Washington, DC Usual Residence of Decedent the Meryland 10a. Stete 10b. County 10c, City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Mudical Examiner must be notified at Director 1 ☑ Yes 2 ☐ No Montgomery Kensington MD 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Funeral 3601 Saul Road death 20895 USA 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours efter 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: White by 3 □ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Decedent's Education (Specify only highest grade completed) l Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filled wit Depertment of Health end Mental Hygiene Important: If frem 27 is marked other that and rijury or other treumatic event, Ital. Once. Maryland Senator Government 17 Fether's Name (First Middle Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be ဥ Lewis P. Collins Mary Ann Fitzpatrick 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Joan S. Delehany 19 Riverdale Avenue, Monmouth Beach, NJ 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Gate of Heaven Cemetery 3/20/97 Silver Spring, MD 21. Signature M Funeral Service License 22. Name and Address of Fecility Francis J. Collins Funeral Home, 500 University Blvd., W., Silver Spring, MD 20901 23a. Pert I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximate Intervel Between Onset and Deeth **Physician** to blast disease /Medical Immediate Cause (Final disease or condition resulting In deeth) Examiner Due to (or es e consequence of): Examiner ettending physician end for use es the buriel-trensit requires that the death certificete be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in death) Lest Due to (or es e consequença of): Box 68760, Physician/Medical Due to (or es e consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Did tobacco usa contribute to the causa of death? signed by t 1 Yes 2 No 3 Probably 4 Onknown Completed by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? page 2 s 1 Yes 2 1 No certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

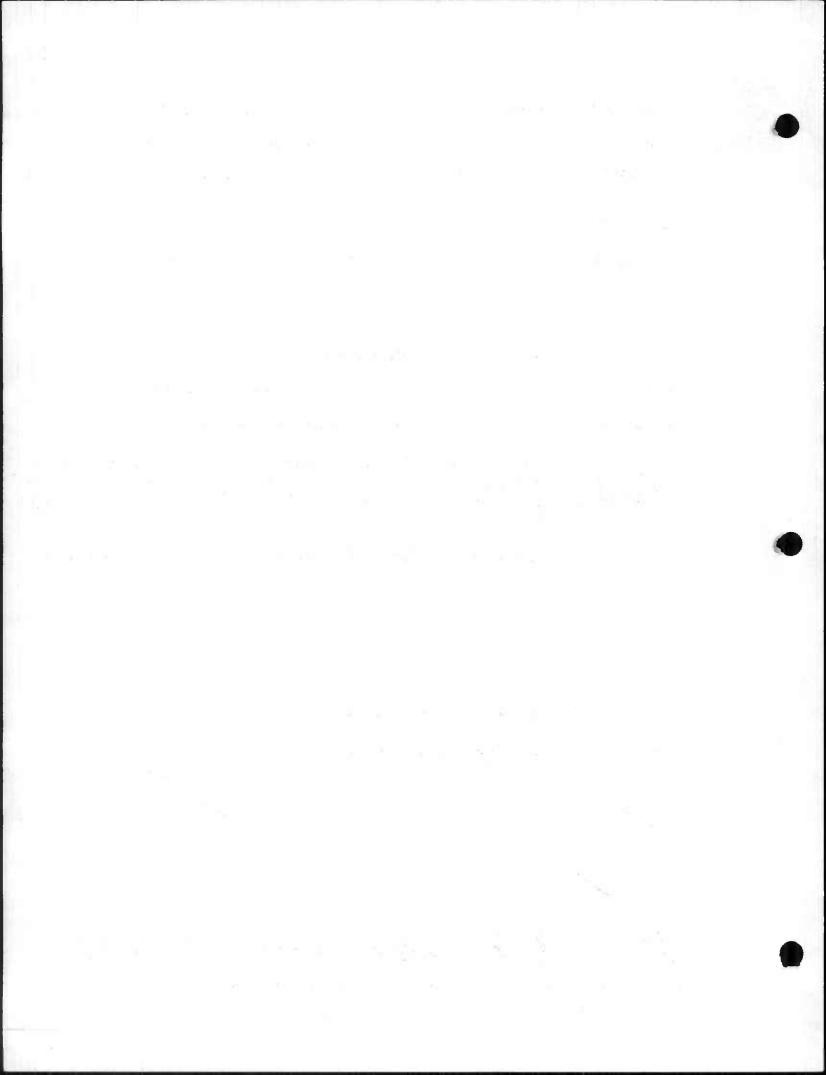
To the Funeral Director: After this certifics completely filled in by the funeral director, Be 25. Was case referred to medical exeminer? 26. Plece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 212 No Other: 4 Nursing Home 5 Mesidence 6 Other (Specify) 1 Yes Certification: To 27. Manner of Deeth 1 D Neturel 28d. Describe how Injury occurred 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide cal 29e. Certifier 1 Certifying Phyalcien: To the best of my knowledge, death occurred et the time, dete end placa, end due to the cause(s) end menner es steted. (Check only one) 2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) and menner stated. Med 29b. Signature and title of certifier 29d. Date signed (Month, Dey, Yeer) 12 30 Name and address of person who completed cause of dath (Item 23a) (Type, Print) George F. Sengstack 3929 Ferrara Drive, Wheaton, MD 20906-4706 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State

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1997

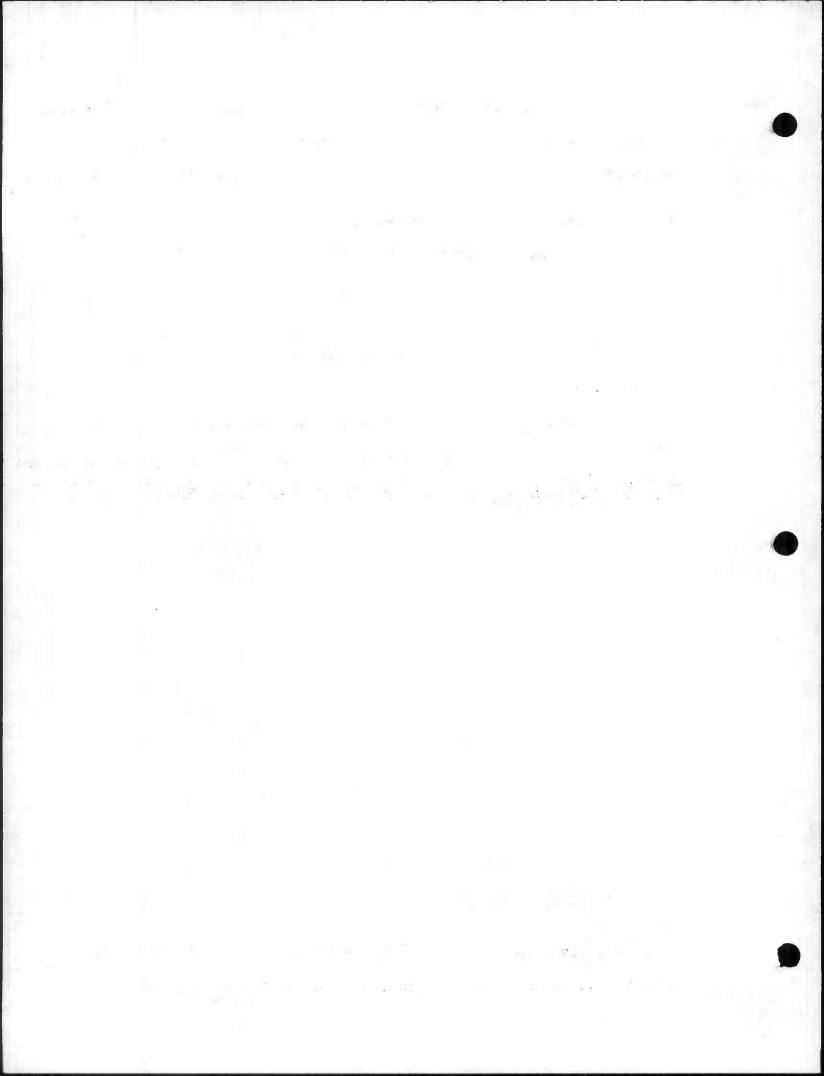
MAR 20

Registrar



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s 1 and 2 of Health e Item 27 is other tran		Thomas F. Sim	ms/S	on		9908	Brixt	on L	ane, Bet	thesda,				
		20a. Mathod of Disposition 1 X Burial 2 ☐ Cramat	ion 3 🗆	Ramoval from State	20b. P	ematary, cra	matory or of	na or thar place	March 20	, 1997	20c. Lo	cation - C	ity or Town,	Stata
pemit. Page Department of Important: If any injury or once.		4 □ Donation 5 □ Other			Ga	te of	Heave	n Cei	metery		Silv	er S	pring,	Maryla
permit. Pages Department of Important: If II any injury or once.		21. Signature of Funeral Set	vice Lice	noge/		P.O.	2. Nama and	d Addrass	of Facility	oral Homo	/Roth	مصاعب	Thorns C	hase, Inc -3501
40 E # 9		> Mich. 1	80	Stoom	M008	46 75	57 Wisc	consir	Avenue,	Bethesda	Mary	land	20814	-3501
		23a Part Enter the diseas shock, or heart failure.	e, or com	plications that cause	ad tha daati									proximata arval Batwaan
Physician		Shock, or heart failura.	Line only	on sause on sacri	iina.								On	arval Batwaan sat and Death
/Medical		Immediata Causa (Final		014-		.1								
Examiner		disaasa or condition resulting in death)		a. Cardia		y ENINIA ras a conse							1	
	Je.			T									1	
d d ansit	Examiner	Sequentially list conditions		b. Inters		L Lung		ase					-	
exec in an iel-tr	EX	Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Diseasa or Injury		70		1 43 4 0011360	quarroa ory.					•		
death certificate be executed eattending physician and sof for use as the buriel-transit	edical	mat initiated evants	<	c. Pneumor		as a consac	mance of).							
e as th	8	rasulting in death) Last			DUB 10 (01	as a consac	juanice oi).							
ndin	M			d									1	
death ce attendii d for use	Physician/	Part II. Other significant con	ditione o	contribution to death	hut not con	ulting in the co	adadida a aa		in Dark I	ask Did	Anhanan			cause of death
ch the	hys	r art ii. Other significant con	unions c	onthibuting to death	DUI NOI 1650	nang in ma u	ndenying ca	ausa givar	ın Parti.					
es that igned b	by P	Cerebral Vas	scula	ar Accider	ıt					1	Yes 2	⊔ No ∢	3 Probabi	y 4XXVInknow
requires men sign hould be										24a Was	an autop	sv	24b. Wara a	autopsy findings
TO (0)	Completed	Hypothyroid:	Lsm								ormed?	,	availab compla	ola prior to ation of causa
hes b	E												of deat	h?
cate he										1 🗆	Yas 21	OMO	1 □ Ya	s 2□ No
Physician: The this certificate all director, pages	Be	25. Was casa rafarred to me axaminar?	dical	Manital				-	26. Placa of Dea	ith (Check only	one)			
Physician: this certific ral director,	10	1 ☐ Yas 2 🖾 No		Hospital: 1 ☐ Inpat		ER/Outpatier			4 Mursing H	oma 5 Raa				
ding P th. After t	Certification:	27. Manner of Daath 1 ☑ Natural 5 ☐ Pe	nding	28a. Date of inj (Month, D	ury a <i>y Year)</i>	28b. Tima of Injury	28	Bc. injury a Work?	at	28d. Dascribe	how injur	y occurred	d	
Attending in death. actor: After by the fune	cati	Z C Accident	astigation uld not be				М	1 🗆 Yı	es 2□No					
or Attendent efter deat Director: I in by the	=======================================	3 ☐ Suicida 6 ☐ Co 4 ☐ Homicide da	armined	28a. Place of in	iury - At ho	ma, farm, str	eat, factory,	, office		28f. Location City or To	Street and wn, Stata		or Aurai Ro	uta Number,
To the Hospital or Attending is within 24 hours either death. To the Funeral Director: After completely filled in by the funeral														
Hospital 24 hours Funeral itely filled	edicai	29a. Certifiar (Check only 2 Med	fying Ph	ysician: To the best niner: On the basis of	of my know	viedga, daath	occurred a	in my only	, data and place	, and dua to the	causa(s)	and mann	ner as stated	l.
within 24	be	One)		and mannar s	tated.	ion and or in				1100 at tha tima,	Gate and	piace, an	o dua to tria	cause(s)
To the To the comple	Σ	29b. Signatura and titla of car	tifiar	17.			1000	. Licansa			29d. Dat	a signed ((Month, Day,	Yaar)
12		Marl	in	i lles	nu	M	WI	D35	5791		Marc	ch 17	, 199	7
, -		30. Nama and address of per	son who	complated cause of	daath (Ilam	23a) (Type,	Print)							
		Merlyn K. Ven	urv.					10. 9	ilver C	nring 1	Mars 1	and	20902	2
Sta	te	31. Data filed (Month, Day, You MAR 1 8	ear)	32. Regist	rar's Signal	ura			-1101 0		LUL Y L	PLICE	40704	
Regist	_	MAR 1 8	1997	July 1	avidson	-Andel	2							



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5°Should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Ame	ended #9b,3/18/97,GF	Mont.Co.) /	10330
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF			IENTAL HYGI			
TOR	526-05-9309 1 9a. FACILITY NAME (II not institution, give stree	X M 2 □ F	yrs. last birthday) 80 YRS.		N OR LOCATION	24 HRS.		1916	6. BIRTHPL Country) Bisb	TIME OF DEATH 2:30A. N ACE (State or Foreign EE, Arizor TH TOP 'S
DIRECTOR	10e. STATE 10b. COUNTY	Na siawa I -	10c. CIT	Green Y, TOWN OR LO	CATION				10	Od. INSIDE CITY
	Maryland Prince (eorge s		College	Park	F		10a CITI		YES 2 NO
FUNERAL	6200 Westchester H	Park Drive			207				ted S	
В	11. MARITAL STATUS 1 Never Merried 2 Merried Widowed 4 Divorced	FORCES? TYPYES IF YES, GIVE WAR OR DAT	2 NO	If yes,	ECENDENT O specify Cubs ES XX NO	n, Mexicen,	C ORIGIN? (Specify , Puerto Rican, atc.	Yes or No	14. RACE — Black, W Specify:	American Indian, White, etc. White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Law enforcement 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Law enforcement 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)										
OME	17. FATHER'S NAME (First, Middle, Last)		Law enr	orcemen		HER'S NAME	E (First, Middle, Mai		r Pat	rol
BE C	James Sinclair	Stewart			Ma		Leota	Stud	ley	
TO E	Shirley L. Stewart	(Daughter)					oute Number, City or llicott			1042
	20e. METHOD OF DISPOSITION 1 1	from State comet	tery, cremetory or o	metery	March	22, 19	997 I	Bisbee,		
	21. BIGNATURE OF FUNERAL SERVICE LICEN	- Hondriga		Dona 4400	Powder	orgwar Mill	rdt Funera Road Belt	sville,	Maryla	and 20705
	23. PART I. Entar tha diseases, or com ahock, or heart failure. Lia IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A C	nh iine					eapiratory arr	est,	Approximata interval Between Onset and Death
LION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF	mei	enl	pi	lene			Severely
ERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	PUE TO (OR AS A C	CONSEQUENCE OF):						years
PHYSICIAN: MEDICAL CI	prelatitute.	contributing to death but	unda	en the undarly	end	_	PER 1 - YES	S AN AUTOPSY IFORMED?	AM CC DF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATN? YES 2 NO
AN	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL		DEATH YE	S NO		ERTAIN				
SICI	EXAMINER?	OSPITAL:		OTHER.	- 11	sidence 6	Other (Specify)			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	NJURY AT WORK? YES 2	/ 2	28d. DESCRIBE HO	OCCUPIENT WE	CURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify	- At home, farm, s	street, factory, or	fice	2	26f. LOCATION (Str. City or Town, St		or Runii Rout	e Number,
COMPLET	29e. CERTIFIER (Check only one) 1 LEERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowled On the basis of examination of								nd manner ee stated,
TO BE	296. SIGNATURE AND TITLE OF SERVICES	Enlig 1	w			5401	BER	The	E SIGNED M	onth, Day, Year) 15, 1997

E AND ADDRESS OF PERSON WHO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)

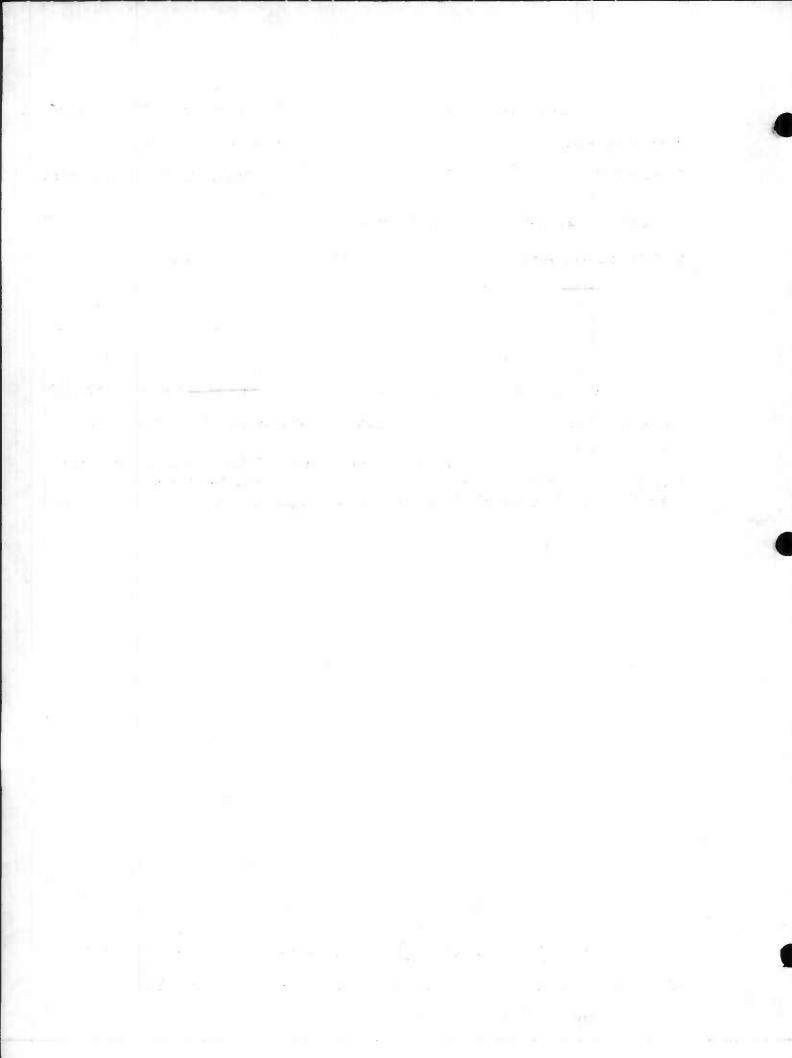
James W. Harding, M.D. 7525 Greenway Center DRive Greenbelt, Md. 20770

31. DATE FILED (Month, Day, Year)
MAR 1 8 1997 32. REGISTRAR'S SIGNATURE wha Davidson-Randose

~ ~ .

		Items: 11,18 per F.H.	G-746 4/17	/97 reb	Cer	tifica	te of L	Death		Reg. N	lo.		
Di .		1. Decedent's Name (First, Middle, I	Last)						2. Date of D	eath		was:	3. Time of Death
Physici /Media		Elizab	eth Ann	Stup					March		199	Year 7	5:24 P.M
Examir		4a. Fecility Name (If not institution, g					4	b. City, Town,	or Location of Dea	-		of Deeth	
	Ш	9720 Huntmaster							nersburg			tgomer	У
Funeral		The same of the sa	Sex 7. / 1 M 2		ast birthday)	If Unde Months	Days	If Under 24 H	In. 8. Date of B	irth ay, Yea	r)	9. Birthplac	ce (State or Foreign
Director		234-32-8232 Usual Residence of Decedent		71	Yrs.							West '	Virginia
and #		10e. State 10b. County		10c. City	. Town or Loc	cation		-		_		10d	d. Inside City Limits
Mary	0	Maryland Montgo	m 0 241				0						1 ☐ Yes 215 No
the 288	rec	Maryland Montgo 10e. Street and Number	шегу	G	aither	_	p Code			100 0	itizan of	Whet Country	w2
ag or	D	0720-17	D 1					0					
Jeath Tre 2:	era	9720 Huntmaster	12. Was Deceder	nt Ever in U.S	S. 13. W	Vas Deca	2088		(Specify Yes or N			States a - American	
72 hours after death with the Maryland natural', or Items 23a or 28e-f show lists Examiner must be notified at	by Funeral Director	1 ☐ Never Married 28 Married 3 XXWidowed 4 ☐ Divorced	Armed Force:	S No	If		cify Cuba 2 No		(Specify Yes or N lerto Rican, etc.)			ck, White, etc	c.
2 hou	Pe	15. Decedent's		s: 	16a. Deced	anta Ha	ol Occupa	Man		404	Mind of D	Whi	
c 1 6	Completed	(Specify only highest g	rade completed)		(Give k	kind of w	ork done d	fu <i>ring</i> most of (working	100.	Kind of B	usiness/Indus	stry
than the Me	E C	Elementary/Secondary (0-12)	College (1-4o	r 5+)		Nurs			•	U	001+	h Care	
Hygin and	Ö	17. Father's Name (First, Middle, Las				Nuls	е	18. Mother's !	Name (First, Middle				:
and Mantal I	To Be	Fred	В.	Tak	ewav				Genevie	70 (atho	rino V	ricook
mar mer	-	19e. informant's Name/Reletionship		Jak	-	a Addres	s (Street a	nd Number or	Rural Route Num				
aalth a n 27 is er tra		Carolyn J. Morse							Gaithers				
Department of Haath and Mental Hygians. Important: If Itam 27 Is marked other than any injury or other traumatic event, the M		20a. Method of Disposition		20b. Pl	ece of Dispos	sition (Na	me of		Date			City or Town	
y or		1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec		0	emetery, crem			·	0 /01 /07		-		
Departman important: any injury ange.		21 Signature of Funera/Service Lic		rai	rfax M			o of Cooling	3/21/97				inia
Depa Impo any i	7	DA LA V. (200	0 9.				1	DeVol Fur	era	1 Hor	ne	
-		23a. Part1. Enter the disease, or co shock, or heert failure. List onl			10	East	Dee	r Park	Dr., Gai	the	rsbu		• 20877 Approximete Intervel Between
hysician /Medical Examiner	ler	Immediate Cause (Finel disease or condition resulting in death)	е.		es a consequ			on c	oncer			4	years
as been signed by tha attending physician and a Should ba datached for usa as tha burial-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events	J b	Due to (or	as a consequ	uenca of)	:						
attending physic	Medicai	that initiated events resulting in death) Lest	C	Due to (or	es e consequ	ence of)	;						
or us	Physician/		u										
tha	ysic	Part II. Other significant conditions	contributing to death	but not resul	lting in the un	derlying	cause give	n in Pert I.	23b. Dld	tobacc	o use co	ntributa to th	he cause of death?
igned by tha s ba datached	by Ph								1	Yes	2 PNo	3 Probab	bly 4 Unknown
s been s	Completed								24a. Wes	en eutormed?	opsy	eveile	e eutopsy findings able prior to pletion of cause ath?
00 00	S								10	Yes :	ON KES	1 🗆 Y	/es 2□ No
cartifica rector, p	Be	25. Was case referred to medical examiner?						28. Place of E	eath (Check only	one)			
o o	ို	1 ☐ Yes 2 ☒ No	Hospitel: 1 Inpat		R/Outpatient	3 D	Othe AC	r: 4 Nursing	Home 5⊠Res	denca	6 □Oth	er (Specify)	
		27. Menner of Death 1 ⊠Netural 5 ☐ Pending 2 ☐ Accident Investigetic	28a. Date of Inj (Month, D	ury ay Year)	28b. Time of Injury	м	28c. Injury Work 1 □ Y	et ? es 2 No	28d. Describe	how inj	ury occur	red	
rs arrar deatr	Certification:	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determined	Zoe. Flaca of H	njury - At hon tc. (Specify)	ne, farm, stre	et, factor	y, offica		28f. Location City or To			er or Rural R	foure Number,
within 24 hours after To the Funeral Dire complataly filled in b	edical	29a. Certifier (Check only one) (Check only one) (Check only one) (Check only one) (Check only one)	hysician: To the best miner: On the basis and menner s	of examination	ledge, deeth on and/or inve	occurred estigation	at the time	e, date and pia Inlon, death oc	ce, and due to the curred et the time	cause(date ar	s) end me nd placa,	enner as state end due to th	ed. e cause(s)
within 2 To the compla	Me	29b. Signeture end title of certifier				29	c. License	number		29d. D	ate signe	d (Month, Da)	y, Year)
		100	11.1	P	120		710	2011					
2	-	30. Neme and address of person who	completed square of	doub (Itam	220) (Time 17	lrint\	217	477		Mar	ch 1	9, 199	1/
		1 1					0	1	. 100 0	2070	200	,	
0.4		John/R. Melnick, 31. Date filed (Month, Day, Year)		rar's Signatu		е.,	_{ualth}	iersbur	g, MD. 2	J8/9	-326	D	
Stat	e .	•	0 1007	l'al s Salliato	Maridan	· 30.	2.00						

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State of Maryland / Department of Health and Mental Hygiene

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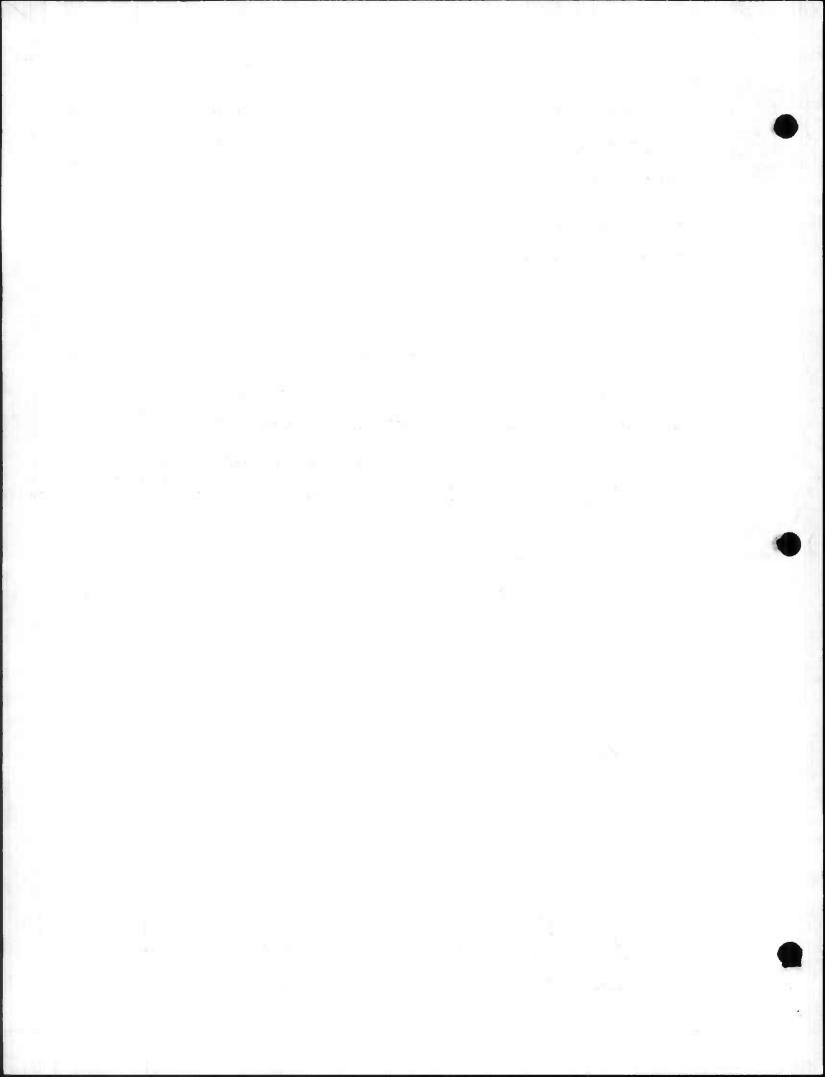
Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Month Year March 16, 1997 James Joseph Sweeney 5:20 AM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Holy Cross Hospital Silver Spring
If Under 1 Year | If Under 24 Hrs. | 8. Date of Montgomery 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foraign Country) Treland **Funeral** Days Hours April 1, 1918Doaghcrabbin 1⊠ M 2□ F Director Yrs 579-40-1076 78 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Montgomery Silver Spring MD 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? itams 23a 10109 McKenney Avenue 20902 death Funeral USA 12. Was Dacadent Ever in U,S. Armed Forcas? 13. Was Dacedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 2 should be filled within 72 hours efter on and Mental Hygiene.
Is marked other than "natural", or ital 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 1 ☐ Navar Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elementery/Secondary (0-12) College (1-4or 5+) Fire Department 12 Maintenance 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumama) Be permit. Pages 1 end 2 should be Department of Health and Mental Important: If fem 27 is marked c any Jury or other traumatic events. Hugh Sweeney Kate McGinley 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) 10109 McKenney Avenue, Silver Spring, MD Margaret Agnes Sweeney 20902 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery 3/19/97 Silver Spring, MD 21. Signature of Funeral Servica Licansee 22. Nama and Address of Facility Francis J. Collins Funeral Home 500 University Blvd., W. Silver Spring, MD 20901 re 23a. Part1. Enter the disaase, or complications that caused the death. Do not entar tha moda of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Renal Failure Examiner Due to (or as a consequence of): Examiner Atherosclerosis week that the death certificate be executed end -trans Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Ceuse (Diseese or Injury that initiated avents resulting in death) Last Due to (or as a consequenca of): physician er s the burial-t P.O. Box 68760. Physician/Medical Due to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown been signed better Dementia Records, þ The law requires 24b. Ware autopsy findings available prior to Completed 24a. Was an autopsy performed? Hypernatremia complation of cause of death? ate hes certificate 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attanding Physician: 24 hours after death. Funeral Diractor: After this certificately filled in by the funeral director, I 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only ona) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4☐ Nursing Home 5☐ Residanca 6☐ Othar (Spacify) Certification: To 1 Yes 2 X No 27. Manner of Death 28a. Date of injury (Month, Day Yaar) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending 1 Tyes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) 4 - Homicide To the Hospital of within 24 hours at To the Funeral D completely filled it 29a. Certifier 1KI Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end dua to the cause(s) and manner as stated. Medicai (Check only one) Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end dua to the causa(s) end manner stated. 29b. Signature and 29c. License number 29d. Date signed (Month, Day, Year) 0 10 30. Name end godn of person who completed cause of death (Item 23a) (Type, Print) Schulman 9410 Old Georgetown Road, Bethesda, MD 20814 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

whia Davidson

MAR 1 9 1997

DHMH 16 Rev 6/95

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Beg. No.

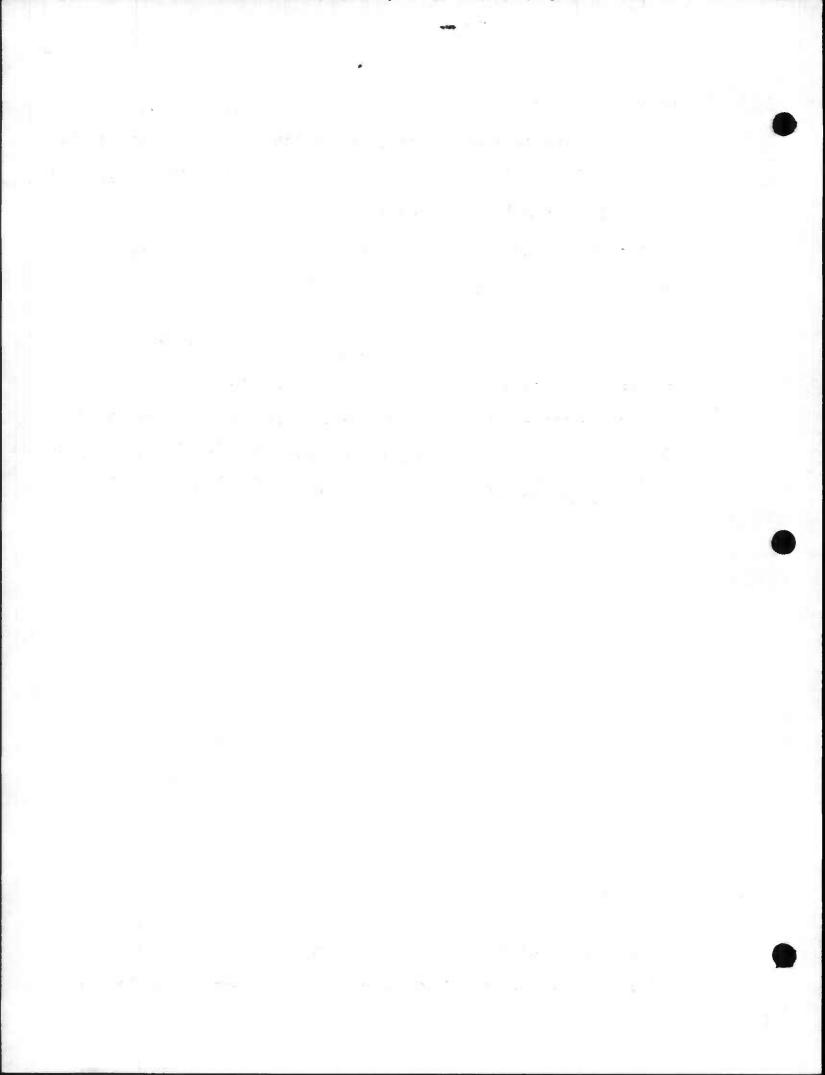
_						- 0	er unic	ale of	Dealli		F	Reg. No.		
П	Physici	ian	1. Decedant's Nama (First, Middla, Le	•						2	2. Data of Dea Month	th Day	Yaar	3. Tima of Death
	/Medi		Agnes Marie S								March	22,19		7:55 PM
7	Examir	ner	4a. Facility Nama (If not Institution, gi								ation of Death			ma!-
-	-		Meridian - Cor 5. Social Security Number 6.3		LIS INU Aga <i>(In yrs. I</i> as		-	dar 1 Yaar						ne's
	Funeral Director			1□ M 204F	91	Yrs.	Mont		Hours	Min.	B. Dala of Birt (Month, Day an.11			laca (Stata or Foraign try)
ī	pu ,		Usual Rasidance of Decedant 10a. Stata 10b. County		140-02									-
	e Meryle	ctor	Md. Queen	Anne's	10c. City, 1 Qu		stor	wn					1	0d. Insida City Limits 1 ☐ Yas X2X No
	th with th	al Director	10e. Street and Number 7115 First Av	enue				Zip Coda 21658				U.S.A		Iry?
270	172 hours after death with the Menyland "natural", or Hema 23a or 28a-f show adical Examiner must be incitited at	by Funeral	11. Marital Status ★☆Navar Married 2☐ Married 3☐ Widowed 4☐ Divorced	12. Was Decedar Armed Forca: 1 Yas 25 If Yas, Giva Yaar or Datas	s? No	13		ecedant of H specify Cubs s 2 1 10	Ispanic Or in, Maxica Specify:		ify Yas or No- ican, atc.)		e - Amaric ck, Whita, v: Whj	atc.
200-61212	72 ho	ted	15. Decedant's E	ducation		8a. Dec	edant's t	Isual Occup	allon	A = 6 = = = = 1 = =		16b. Kind of B	usinass/Ind	dustry
	withir pan.	Completed	(Spacify only highast gro	ada complatad) College (1-4o	or 5+)			work dona d Tusa retired arial				Civil	Serv	rice
	H G H		17. Fathar's Nama (First, Middla, Last	')		566	100	ar rar			First, Middle,	Maidan Suman	na)	
name of the same	0 5 7 5	To Be	Frederick Sho	rtall					Ma	ry B	unn			
	E E E	-	19a. Informant's Neme/Ralationship	Type, Print)		19b. Ma	iling Addı	ess (Street	and Numb	er or Rural I	Routa Numbe	r, City or Town,	Stata, Zip	Code)
	27 and		Margaret Star	tt-Siste	er	P.	0. 1	Box 3	04,	Quee	n Ann	e, Md.	216	557
	2000		20a. Mathod of Disposition 1 ☑ ¶urlal 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spaci			atary, cr	amatory	Nama of or other place S Cem	e) M	arch	Date 26,	306 Greation Queer	City or To	wn, Stala
	permit. Peg Department Important: If any Injury o		21. Signature of Funaral Sarvice Lice	1	10.	Π,	22. Nama	and Addras	s of Facili	y Fe	llows	Helf	enbe	in &
	007 e d		Hymas K.	Heller	hem	!	Newr 106	Sham	uner	al Ho	ome, I	c.A.	Md.	21619
			23a. Parti. Entar tha disaasa, or com shock, or haart failura. List only	plications that caus ona causa on each	ed the death.	Do not a	ntar tha r	noda of dyin	g, such as	cardiac or	raspiratory ar	rast,		Approximata Interval Between
•	Physician /Medical Examiner		Immadiata Causa (Final disaasa or condition	. 00	Qust	Wei	he	art	fa	1-101				Onset and Deeth
	LAUIIIIICI	<u>.</u>	rasulting in daath)	1	Due to (or a	s a cons	equence	of):					1	
	led sit	nine		b. Ne	pert	en	lio						10	IRS.
	certificate be executed iding physician end ise es the burial-transit	Examiner	Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying	0.1	Dua to (or a	s a cons	equance	of):	00	~				
	siciar buria		cause. Entar Undarlying Causa (Diseasa or injury that initiated evants	c. (1)	INVIC	MI	al	ins	Utt	rae	ncy		<u> </u>	one year
	flicate g phy ss the	n/Medical	rasulting In daath) Lasi		Dua to (or as	a conse	equance	of):			,			J
	- 5 3	M		d										
	death e ette ed for	Physicia	Part II. Other significant conditions of	ontributing to death	but not rasultir	ng in tha	undarlvir	ig causa givi	an in Part i	i.	23b. Did t	obacco use co	ntributs to	the cause of death?
	that the death	Phy		T.								es 20tho		bably 4 Unknown
	8 <u>P</u> 8	þ	preumor	LIN										
	v requires been sign should be	Completed	1								24a. Was a perfor	n autopsy med?	ava	ara autopsy findings
	2 s S	ğ											of	mpletion of cause death?
	두 물론										1 U Y	as 20 No	10	Yas 2□ No
	Physician: The	Be C	25. Was casa raferred to medical axaminar?	Hospital:	. –			Othe	pr: \/		Check only o			
	Physical distribution	1: To	1 ☐ Yas 2 Ø No 27. Manner of Death	1 ☐ Inpa 28a. Data of In	itiant 2 ER	Outpali b. Tima		DOA	40 NI			ence 6 Oth		9
	th.	tion	1 Natural 5 Pending 2 Accident invastigation	(Month, E	Day Year)	injury		28c. Injun Worl	<br Yas 2□					
	il or Attending P. setter deeth. I Director: Atter t d in by the funera	Certification:	3 Sulcida 6 Could not b datarminad	28a. Place of I	njury - At homa atc. (Spacify)	ı, farm, s	straat, fac	tory, office		28	f. Location (S City or Tow		er or Rura	l Route Number,
	Hospita 4 hours Funeral tely fille	edical Co	29a. Cartifier (Check only one) Certifying Ph	ysician: To the bes	of axamination	dge, dee	oth occurr invastigat	ed at tha tim ion, In my op	e, dete en olnion, das	nd plece, and ath occurred	d due to tha d at tha tima, d	euse(s) and ma late and place,	annar as st	eted. tha causa(s)
	vithin 2 To the comple	Mec	29b. Signature angittle of certifier	and mannar	sialeu.			29c. License	number		2	9d. Data signe	d (Month,	Day, Year)
	F 3 F 8		* Lathleer	Hou	1			DY	760	27		3-24		7
1			30. Name and address of person who	/			,							24645
			Kathleen Hoev	. M.D.:	2540	Cer	itre	ville	Rd.	Ce	ntrev	ille.	Md.	21617

Julia Vavidson-Randelle

DHMH 16 Rev 6/95

State Registrar 31. Data filad (Month, Day, Year)

MAR 26 1997



State of Maryland / Department of Health and Mental Hygiene

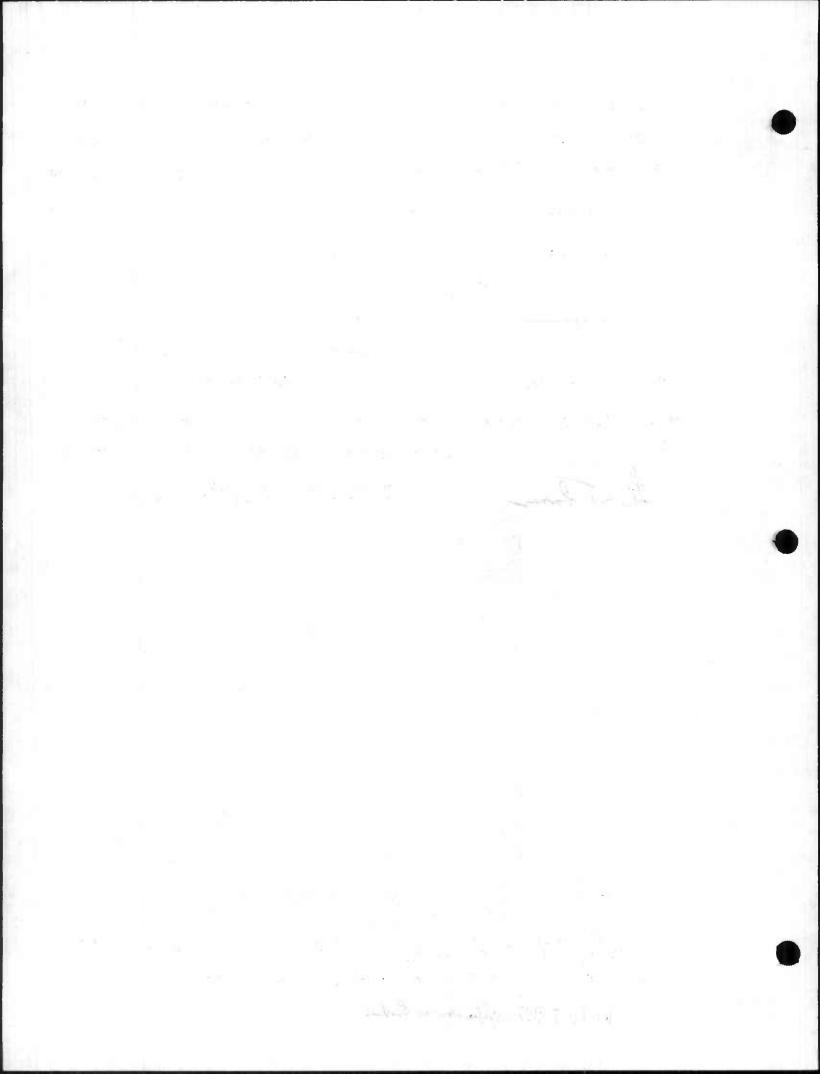
opies Are Leg	Jible.	1	0	0	0	1	
ntal Hygiene	91		U	J	3	ri	

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 3. Time of Death Dey 1997 **Physician** March 25, Jean Estelle Todd 1:20 PM /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 6347 Patridge Lane Reliance Dorchester If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Devs Hours Min. 8. Date of Birth
(Month, Dey, Yeer) 5. Sociel Security Number Birthplece (State or Foreign Country)
 Maryland 7. Age (In yrs. lest birthday) **Funeral** 10 M 200 F 219-36-5634 Yrs. 59 Director Usual Residence of Decedent the Maryland f Health and Mental Hygiene. tem 27 is marked other than "naturel", or items 23s or 28s-f show other traumstic event, the Moores Examener must be notited at 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Dorchester Reliance 1 Yes X No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6347 Partridge Lane 19973 US Completed by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes À(A)No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 € Divorced Specify: White 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Electronics Elementary/Secondary (0-12) College (1-4or 5+) Line Worker Manufacturer 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be F. Eugene Wheatley Rhoda Pritchett 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Michelle D. Todd 6348 Partridge Lane Seaford, Delaware 19973 Daughter 20b. Place of Disposition (Name of cametery, cremetory or other place)

Dorchester Memorial Park3/28/97 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State Cambridge, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture Funerel Service Licensee 22. Name end Address of Fecility
Thomas Funeral Home, P.A. 700 Locust Street Cambridge, Maryland 21613 LAMA 23a. P. rd. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shirck, or heart failure. List only one ceuse on each line. **Physician** Immediete Ceuse (Final diseese or condition resulting in death) /Medical 3 no METHSTATIC AD ENOCATE, WEMM UNHWOURT Examiner Due to (or es e consequence of): Examiner The lew requires that the death certificate be executed burial-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or thjury that initiated events resulting in deeth) Lest and Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical tha Due to (or es e consequence of): signed by the attending p Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the causs of death? 1 Yas 2 No 3 ☐ Probably 4 ☐ Unknown Completed by 24b. Were autopsy findings evelleble prior to completion of cause of deeth? 24e. Wes en eutopsy hes cartificate 1 Yes 2€ No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours aftar death.

To the Funeral Director: Aftar this cartifics complately filled in by the funeral director, 25. Wes cese referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To 1□ Yes 3™No 28e. Dete of tnjury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. tnjury et Work? 5 Pending investigation Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) Medicai 🜠 certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted. 2 Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29d. Dete signed (Month, Dey, Yeer) 29b. Signeture end title of certifies 30. Name and address of proton who completed cause of death (Name 3a) (Type, Print)

Stephen Carney, MD 509 dlewild A 509 Idlewild Ave., Easton MD 21601 31. Dete filed (Month, Dey, Yeer) 32. Registrer's Signeture State Jalia Dawdeon Rardall Registrar

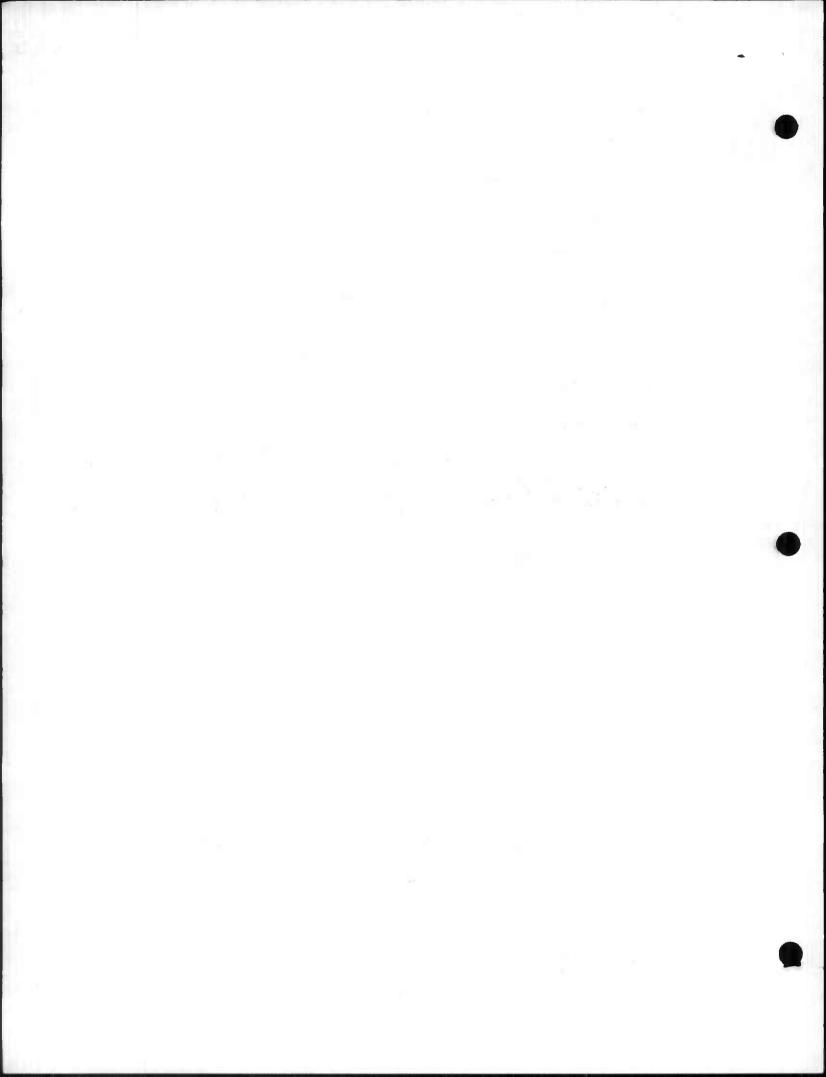


State of Maryland / Depa

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artment of Health and Mental Hygiene		U	J	3	-
100					

						C	Certificate of	of Death	h	Be	eg. No.		
			1. Decedent's Name (First, Middle,	Last)						2. Date of Deat	h		3. Time of Death
	Physic		KENNETH	JAMES		THIL	0			Month MARCH	20 19	Year Q. 7	1.25 DM
	/Medi		4a. Facility Name (If not institution,			TUIL	0	4b. City,		cation of Death	4c. County of		1:35 PM
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Н			6157 TOLCHES 5. Social Security Number		ge (In yrs.	last hirthr	(av) If Under 1 Ye		HAI ar 24 Hrs.		KENT		lace (State or Foreign
	Funeral Director	П	199-38-1770	XIX M 2□F		Vn	Months Da			8. Date of Birth (Month, Dey,			place (State or Foreign htry)
	Director		Usual Residence of Decedent		4 8	3				May 7	,1948	Peni	nsylvania
	lend W		10a. State 10b. County		10c. Cit	y, Town o	r Location					1	Od. Inside City Limits
	Mary f sh	5	PA. Phil	а	F	hil	adelphi	a					1√yes 2□No
	the 288	Director	10e. Street and Number				10f. Zip Cod			1	0g. Citizan of W	hat Cour	ntov?
	with 9		747 Charet	to Poad				9152			USA	nai coan	nuy!
	within 72 hours after death with the Marylend ene. than "natural", or items 23s or 28s-f show he Medical Evanine must be notified at	Funeral	11. Marital Status	12. Was Decedent	Ever in II	6	13. Was Decedant		Origin? (Sp.	noify Vee or No-		- Americ	can Indian,
	iterr iterr	E		Armed Forces	?	,0.	If Yes, specify C	uban, Mexic	an, Puerto	Rican, etc.)		k, White,	
20	s aff	by F	1 ☐ Nevar Married 2 ☐ Marrie 3 ☐ Widowad 4 ☐ Divorced	d 1 ☐ Yes 🛠 🗔 If Yes, Give Year or Dates:	NO		1□ Yes 🋠 🔀	No Specif	fy:		Specify:	W}	hite
8	hour		15. Decedent			100 D	acadentia Haval Oa	ou matlan			10h Kind of Bu	nin a na fin	4
5	"ne"	Completed	(Specify only highest			10	ecedent's Usual Oc Sive <i>kind of work do</i> fe. <i>DO NOT</i> u <i>se re</i>	ne durina me	ost of work	ing	16b. Kind of Bu	SINOSS/INC	dustry
12	withir ene. than	F	Elementary/Secondery (0-12)	College (1-4or	5+)		uto Mecl				Auto	moh	ilo
2	al Hygie other		12 17. Father's Name (First, Middla, L	est)		A	ato Meci			e (First, Middle, M			116
an	s i end 2 should be filed within 72 hr if Health and Mental Hygiene. Item 27 Is marked other than "natur other traumatic svent, the Medical	Be	George Thile							e Shar		"/	
Ž	J Me J Me Jark	5											
Ma	le n le n raur		19a. Informant's Name/Relationsh				lalling Address (Str						
a)	of Health of Health I item 27 II		Jeanne Arber	(Mother)	201 5		7 Chare		α.;				
O	t of t		20a. Method of Disposition 1 □ Burial 2 🔀 Cramation	3 □Removal from State	200. P	emetery,	isposition (Name of cramatory or other	place) M	arch	25,19	20c. Location - (9 7	Sity or To	wn, State
Ē	parmit. Peges Department of H Important: If ite any Injury or of		4 ☐ Donation 5 ☐ Other (Sp			esa	peake C					ensy	ville, Md
Baltimore, Maryland 21215-0020	Departition of the poort		21. Signatura of Funaral Servica L	cansee			22. Name and Ad	dress of Fac	eility Fe	llows,	Helfe	nbe:	in &
810	807.99		had M. /-	to Lenken			Newnam 1	Funer	al H	ome	h	N# 23	21620
			23a. Part1. Enfer tha disease, or o	omplications that cause	d the daat	h. Do not	enter the mode of	dylng, such a	as cardiac	or respiratory arre	est,	Ma.	21620 Approximate
	Physician		shock, or heart failure. List o	nly one cause on each	ine.							1	Interval Between Onset and Death
	/Medical		Immediate Cause (Finel									1	
	Examiner		diseese or condition resulting in death)	a HANGIN	_							1	
		ē			Due to (d	r as e cor	nsequenca of):					1	
	uted ansit	Examiner		b	Due to to		3-0-					1	
-	wificata be executed ing physician and a as the buriel-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (o	r as a cor	nsequence of):					- [
68760,	Sicial Dun		Cause (Disaasa or injury that initiated events	c									
28	phy:	edical	resulting in deeth) Lest		Due to (o	ras a con	sequenca of):					-	
		2		d									
Box	that the death ce ed by the attendia detached for use	Physician/											
o	the day the	ysi	Part II. Other algnificant condition	s contributing to death I	out not res	ulting in th	e underlying cause	given in Per	rt I.				o the cause of death?
σ.	that the									1 □ Y	es 2 No	3 Prol	bably 4 Unknown
ds,		1 by								04-144	THURST II.	0.45 18/	are sutance findings
0	requiras seen sign	Completed								24a. Was a perform		ave	ere autopsy findings allabla prior to empletion of cause
ec	a 20 C/	ldu								insp	ection		death?
Œ	The late he	ő								1□ Ye	s 2 No	10	☐ Yes 2☐ No
a	ysician: The s cartificate diractor, pag	Be (25. Was case referred to medical					26. Pla	ce of Deet	h (Check only on	Θ)		
of Vital Record	5 000	To	examiner? 1 ☑XYes 2 ☐ No	Hospital: 1 Inpat	ent 2	ER/Outpo	atient 3 DOA	Other: 4 🗆 I	Nursing Ho	me 5 Reside	enca 6 🗆 Othe	er (Specif	5/)
	g Ph er th		27. Manner of Death	28a. Date of Inj (Month, De	Iry Veer	28b. Tim	e of 28c. I	njury af Work?		28d. Describe ho			
Division	of ar death. Director: After din by the fune	atio	1 ☐ Natural 5 ☐ Pending 2 ☐ Accident investiga			tou	nd M	Yes 2	No	SUBJE	CT HAN	GED	SELF
<u>S</u>	Afte orto by tr	ific	3 Sulcide 6 Could no 4 Department determine	28e. Piece of Ir	jury - At ho	ome, farm	30 P , street, factory, offi	се		28f. Location (St	reet and Number	er or Rure	al Route Number,
Ö	oftar Direction	Certification:	4 () 11011110100	building, e	ic. (Specif		OME		1	ROCK H	6	57 1	Colchester
	the Hospital hin 24 hours the Funeral nplataly filled	. 1	29a. Certifier 1☐ Certifying	Phyeician: To the best	of my kno	wledge, d	eeth occurred et the	e time, date	and place,	end due to the ca	ause(s) end mai	nner es s	teted.
	Ho Ho Fu Hatal	edical	(Check only 2 Medical E	kaminer: On the basis of and manner s	f examina ated.	tion and/o	r Investigation, In m	y opinion, d	eath occurr	ed at the time, de	ate and placa, a	nd due to	the cause(s)
	To the Hospital or Attending Phy within 24 hours eiter deeth. To the Funeral Director: After thi completely filled in by the funeral	Me	29b. Signature and little of certifier	7			29c. Llc	ense numbe	r	2	9d. Date signed	(Month,	Dey, Year)
			> /// <	2				.C.M.	C		MA DCII	21 1	1007
			30 Name and Lutcher of any		death (":	102-1 (T		. C . M .	<u>.</u>		MARCH	Z I , J	L J J /
			30. Name and address of person/y	ause of		, , ,							
			Ann Dixon M. D 31. Data filad (Month Day, Year)	32. Regist	111	Pe	nn_Stre	et, B	alti	more, l	Maryla	nd 7	21201
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State Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth March 22, **Physician** Dey 1997 Yaar Florence Louise Tafer 10:40 PM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 6622 Lacona Street Forestville Prince George's 5 Social Security Number If Under 24 Hrs. If Undar 1 Yaar 8. Date of Birth Month Day, Year Jan 17, 1910 7. Age (In yrs. lest birthdey) 9. Birthplace (State or Foreign **Funeral** 1□M 200 Deys Hours 217-42-4513 87 Pittsburgh, Pa Vre Director Usual Residence of Decedent with the Marylend 10e. Steta 10b. County 10c. City, Town or Location 10d. fnside City Limits 28a-f show traumatic event, the Medical Exeminer must be notified at Maryland 1 Yas ANO Directo Prince George's District Heights 10e. Street end Number 10f. Zip Coda 10g, Citizen of What Country? 6 6115 Bellwood Street 20747 238 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No if Yes, Giva Yeer or Detes: 13. Wes Decadent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuben, Mexican, Puerto Rican, etc.) Race - Amaricen Indian, Bleck, White, etc. 1 ☐ Naver Married 2 ☐ Merried 1 Yes 2 Km Specify: Specify: White þ XWidowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade complated) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Own Home Home Maker 17. Fathar's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Meidan Sumeme) Be Charles Mansfield Johnson Claire E Crawford 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Susan Norton (DAUGHTER) 6622 Lacona Street, Forestville, Maryland 20747 20b. Piece of Disposition (Name of cametery, crametory or other pleca) March 28, Det 997 20c. Location - City or Town, State 20e. Method of Disposition 1 Burial 2 □ Cramation 3 □ Removel from Stata Maryland Veterans Cemetery Cheltenham, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Lee Funeral Home, Inc 6633 Old 21. Signeture of Funerel Service Licenses Alexandria Ferry Road, Clinton, Maryland 20735 23e. Pert1. Inter the diseese, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Physician Immediete Ceuse (Finel diseesa or condition resulting In death) /Medical Examiner Due to (or es a consequença of) Examiner or Attending Physician: The law requires thet the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disease or Injury that Initieted events resulting In death) Lest Due to (or as a consequence of) physician s the buriel Box 68760 Physician/Medicai Due to (or as a consequence of): Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of geath? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? certificate 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospital: 1 Yas 2 No Other: 4 Nursing Home 5 Aesidenca 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA After this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of fnjury 28d. Describe how injury occurred 28c. Injury et Work? 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No 24 hours efter deeth.

Funeral Director: A 2 Accident 6 Could not be determined 3 Suicida 28f. Locetion (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) filled in by 4 | Homicide Currilly ing Physician: To the best of my knowledge, death occurred et the time, dete and placa, and due to the ceusa(s) end mennar as stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the ceuse(s) end menner steted. 29a. Certified Medical one) within 2 29c. Licanse number 29d. Date signed (Month, Dey, Year) and address of person who completed cause of death (Item 23e) (Type, Print) Dr Michael Levine, 1328 Southern Ave S.E. Suite 301, Washington DC

32. Registra's Signature.

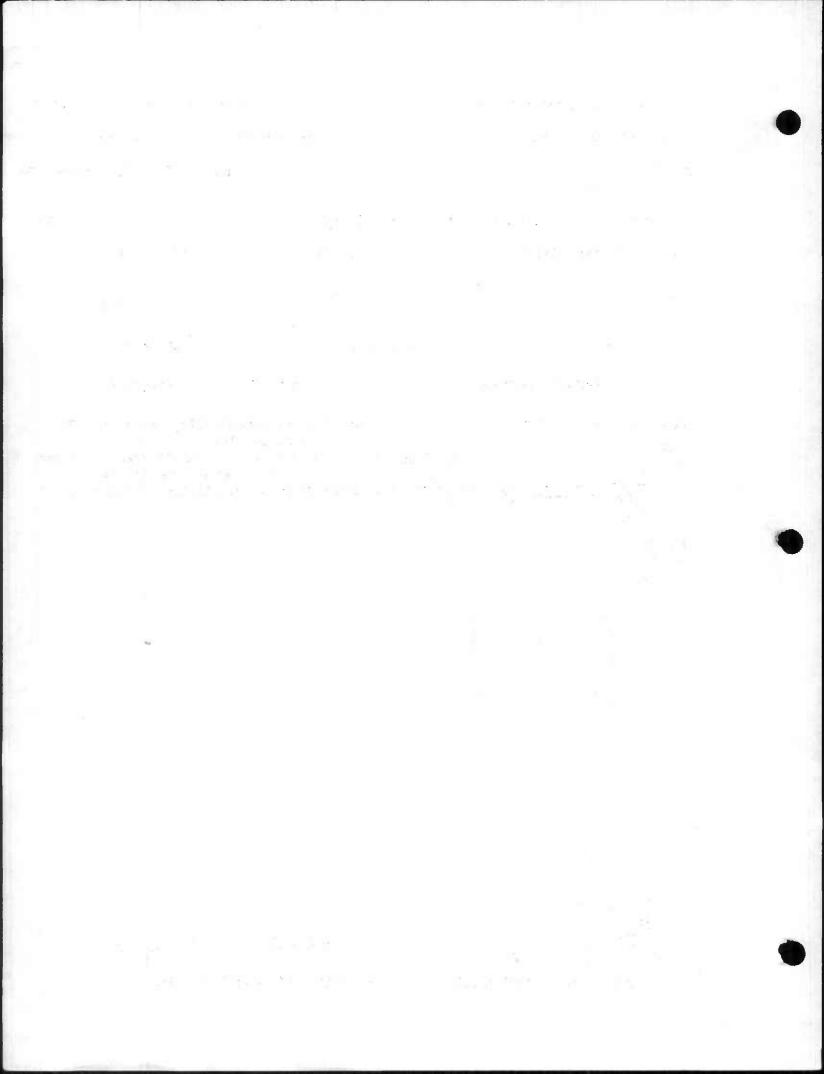
DHMH 16 Rev 6/95

State

Registrar

31. Date filed (Month, Day, Year)

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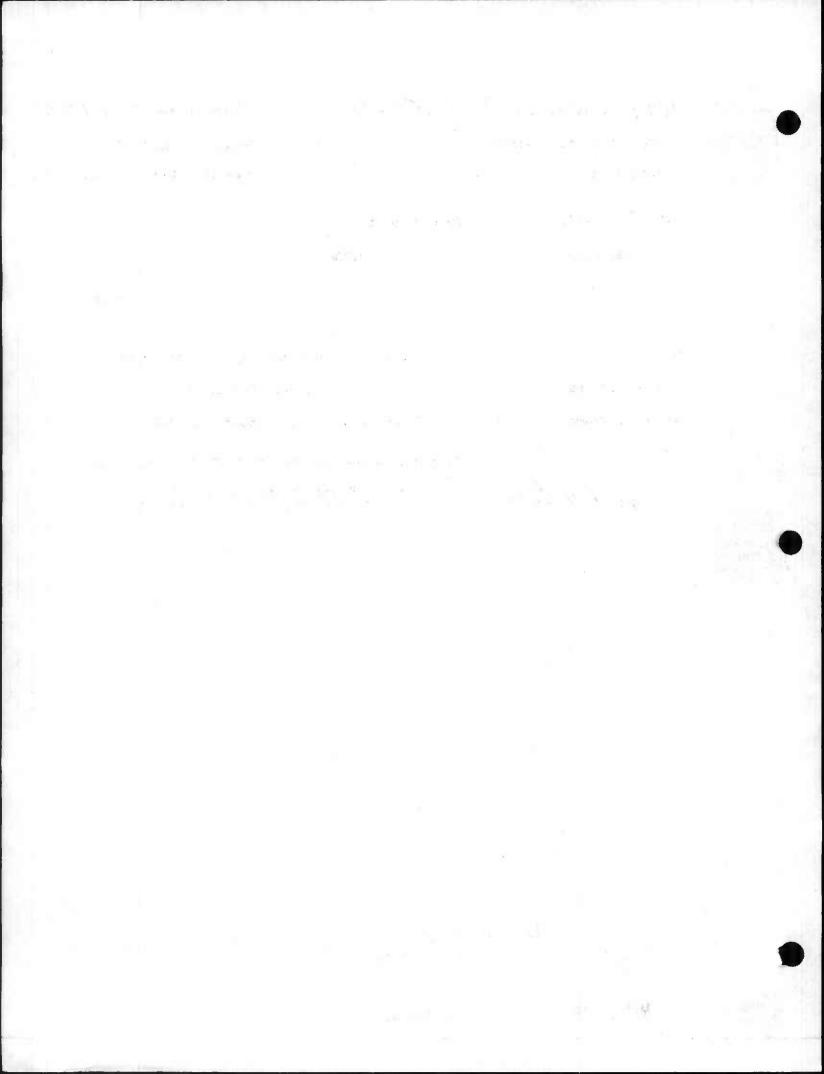


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State of Maryland / Department of Health and Mental Hygiene

					Certificate of			Reg. No.		
JF	Physic /Medi		1. Decedent's Name (First, Middle, Last) Roy ERNEST THO	ME			2. Dete of De Month	It 22	Yeer 1997	3. Time of Deeth 1430
20	Exami	ner	4e. Fecility Neme (If not institution, give street end number)		4	tb. City, Town, or L	ocation of Deet	h 4c. County	of Deeth	
			Harford Memorial Hospital 5. Social Security Number 6. Sex 7. Age (In y	um loge him		Havre de		Harf		
	Funeral Director		217-20-2825 Usuel Residence of Decedent		Yrs. Months Deys	Hours Min.	8. Date of Bin (Month, De May 18	, 1930		ece (Stete or Foreign ry) Swingo MD
yland	MO W		10e. Stele 10b. County 10c.	City, Town	or Location				10	d. Inside City Limits
Mar	후필	io	MD Cecil Po	ort D	eposit				}	1 ☐ Yes 2 ☒ No
th the	or 28	Director	10e. Street end Number		10f. Zip Code			10g. Citizen of V	Vhet Count	ry?
÷ ×	23	a	47 Bryant Lane		21904			USA		
d 21215-0020 flied within 72 hours efter deeth with the Maryland	ral', or items 23a or 28a-f show Examiner must be notified at	by Funeral	11. Maritel Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced 12. Wes Decedent Ever In Armed Forces? 1 ☑ Yes 2 □ No If Yes, Give Yeer or Detes:	ı U,S.	13. Was Decedent of H If Yes, specify Cube 1 ☐ Yes 2 ☑ No		pecify Yes or No Rican, etc.)		e - America k, White, e Whi	tc.
5-0 72 hg	"natural",	eted	15. Decedent's Education (Specify only highest grade completed)	16e.	Decedent's Usual Occup	etion	kina	16b. Kind of Bu	ısin ess/ îndı	ustry
2 章	le.	Completed	Elementary/Secondary (0-12) College (1-4or 5+)		(Give kind of work done of life. DO NOT use retired	during most or world)	King			
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Z 20	7 Is r		19e. Informent's Name/Reletionship (Type, Print) Joyce E. Thompson, Wife		Bryant Lane				Stete, Zip (20de)
1 and	7 5 5			b. Plece of	Disposition (Name of		Dete	20c. Location -	City or Tow	m State
Baltimore,			1 ☑ Burlal 2 ☐ Cremetion 3 ☐ Removel from State		y, cremetory or other plea	1				
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			Kolut 1 found		111 S Quee	n St. Ri	sing Su	n MD 219	11	
			23e. Pert 1. Enter the disease, or combilications that caused the deshock, or heart feilure. List only one cause on each line.	eth. Do n	ot enter the mode of dyln	g, such es cerdiac	or respiretory e	rrest,		Approximete Intervel Between Onset end Deeth
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I RECORDS, P.O. BOX The law requires that the death ce	should should	Completed	Periphen	1 V	Dellitus Ty ascula D hoxis / Ca	nsease	24e. Wes	en eutopsy rmed?	evai	e autopsy findings leble prior to pletion of cause seth?
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Of VICE		OB	examiner? 1 Yes 2 No Hospitel: 1 Inpatient 2	Ø ER/Out	patient 3 DOA Othe	DIT:		dence 6 Oth	ar (Specify)	
0 4	등 교	n: T	27. Menner of Deeth 28e. Dete of Injury	28b. Ti	ime of 28c. Injury			how injury occurr		
VISION	death. ctor: After y the fune	atio	2 Accident Investigation	110		Yes 2 □ No				
DIVISION if or Attending	efter de Directo d in by ti	Certification:	3 ☐ Sulcide 4 ☐ Homtcide 6 ☐ Could not be determined 28e. Plece of Injury - At building, etc. (Spe	home, fer	m, street, factory, office		28f. Location (City or To	Street end Numb vn, Stete)	er or Rurel	Route Number,
Hospita	within 24 hours effer death. To the Funeral Director: Affer completely filled in by the fune	edical (29a. Certifier (Check only one) Check only one) 1	nowledge, inetion end	death occurred et the tim /or Investigation, In my op	ne, dete end plece, plnion, deeth occur	end due to the red et the time,	ceuse(s) end me dete end place, (nner es ste and due fo f	ted. he cause(s)
oth	romp comp	Me	29b. Signeture end fitle of certifier	Δ	29c. License	number		29d. Dete signed	(Month, D	By, Year)
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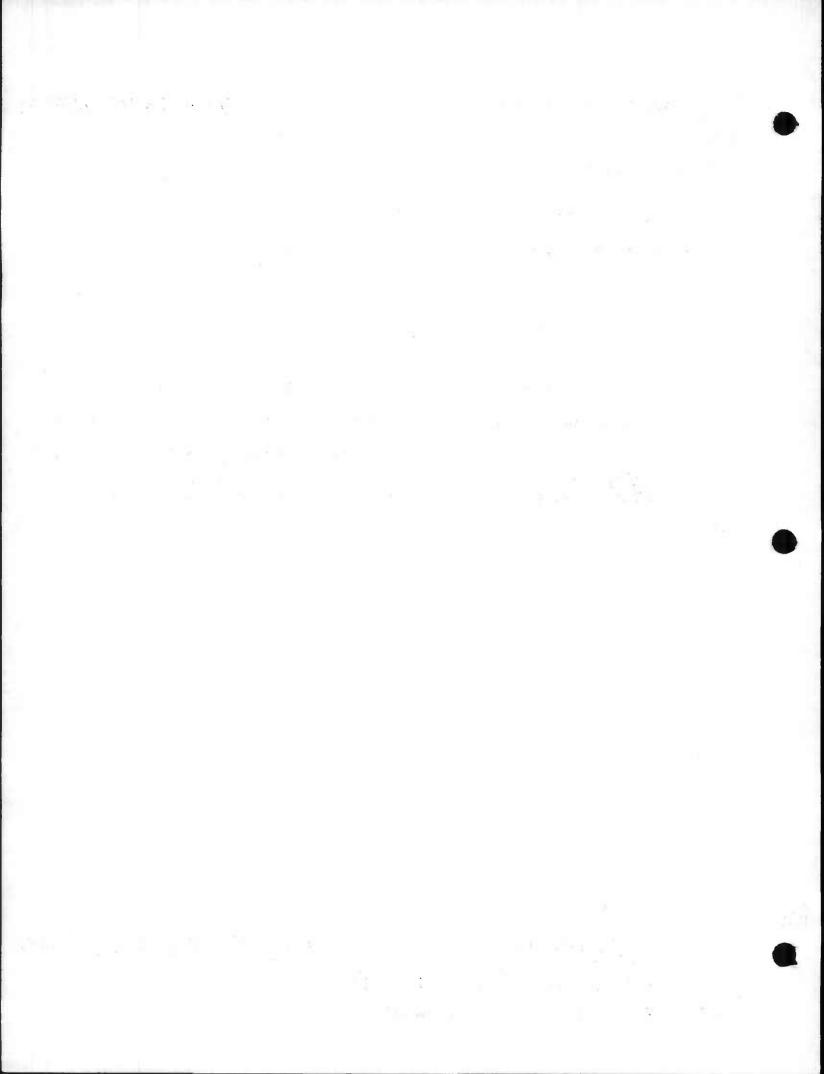
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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								Ce	rtificat	e of	Death			Reg. No.			
	Dhoole		1. Decedent's Nem	e (First, Middle	e, Last)								2. Dete of De	ath	Voor	3. Time of Death	
	Physic /Med		Paul Wayne Thompson									MAPPH 23199		997	1/20 AM		
	Exami		4a. Facility Neme (If not institution	, give street end n	umber))			-4	4b. City, Tow	n, or Loc	ation of Deat	4c. County	of Deeth	1100	
			Union F	Hospit:	a1						E1	kto	n	C	eci1		
-	Funeral		5. Social Security N	lumber	6. Sex	7. Ag	ge (In yrs. le	ast birthday)		r 1 Year	if Under 2	4 Hrs.	8. Date of Bir (Month, De	th	9. Birth	place (Stete or Foreign	
100	Director		215-52-	-2373	1 \ ₹M 2□ F		47	Yrs.	Months	Days	Hours	Min.	arch	9,1950	Cour	place (Stete or Foreign ntry) W. Va.	
	9		Usuei Residence o			`								1			
	tal to						10c. City,	ity, Town or Location							10d. Inside City Limits		
	M Page	Funeral Director	Md.	С	eci1			Elkton						1 ☐ Yes 🏋			
	with the Maryland a or 28a-f show Lbe notified at		10e. Street and Nu					10f. Zip Code					10g. Citizen of	Whet Cou	ntry?		
Baltimore, Maryland 21215-0020	23s		1554 Old Elk Neck Road					21921						U	.S.A		
	after death w or Harms 23a milioer, must.)		11. Marital Status 12. Was Decedent Ever in tagget Armed Forces?			Ever in U,S	J.S. 13. Was Decedent of Hispanic Origin? (Spe if Yes, specify Cuban, Mexican, Puerto				in? (Spec	ecity Yes or No- Rican, etc.) 14. Rece - Ar Black, W					
	filed within 72 hours after Hyglene. ther than "natural", or its nrt, the Medical Examin		1 Never Merr	_		2F		1 ☐ Yes 2 ☐vNo Specify:						Specif		hite	
	End.	d by	3 🗆 Widowed	4 ☐ Divorced	Year or	Dates:		12 105 22Att Spoony.						Specif	y. VV	nice	
	72 th	Completed	(Spec	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)				16a. Decedent's Usual Occupation (Give kind of work done during most of workin life. DO NOT use retired)				a	16b. Kind of B	usiness/In	siness/Industry		
	Mary of the	du					5+)						Mar		yland		
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	2 should be to and Mental I is marked of mumatic eve		19e. Informent's Neme/Reletionship (Type, Print)					19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)									
	1 and Health mm 27 other tr		Joan Thompson Wife								k Nec	k R	d, E1	kton,			
	ges 1 a flot Hea ff Rem or othe		20e. Method of Dis		3 ☐Removel from	State	ca	metery, cre	matory or o	other plea	ce)		Dete	20c. Location			
	Pag ment: 1	1		5 Other (Sp		1 01010	HO11	y Hi	11 M	em.	Gard	ens	3/26	/ Wida	Te k	River, Md.	
	pemit. Pag Department Important: any injury pncs.		21. Signature Euroral Service Licensee					22. Name and Address of Facility 259 E. Main St.,									
	88258		+ AXT XXI				Gee Funeral Home Elkton, Md. 21921							•			
14		cal ner	23e. Part1. Enter the discase, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximete														
_	Physician		SHOCK, OF Hea	shock, or heart failure. List only one cause on each line. Interval Between Onset and Death													
	/Medical		Immediate Cause (Final disease or condition resulting in death) e. ASCVD Due to (or es e consequenca of):														
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	en er	ŭ	Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or Injury that initileted events resulting in death) Last Due to (or as a consequence of):														
1/2	ite be	an/Medical Examiner															
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70	s the			_									CIGAR			AR	
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75	s be	Completed											paric	THE OT	CO	mpletion of cause death?	
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95	ding Ph th. After th funeral	흕	1 Neturel 2 Accident	5 Pending Investig		nth, Da 23-	y Year)	injury	М		k? Yes 2.⊠N	lo					
N.		fica	3 ☐ Sulcide	6 ☐ Could n	ot be		ury - At hon	ne, ferm, sti	reet, fector	v. offica		21	28f. Location (Street end Number or Rural Route Number,				
7	or A effer Direct	Certification:	4 Homicide determined 28e. Pleca of Injury - At home, 1 building, etc. (Specify)										City or To	or Town, Stete)			
8	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in		29e. Certifier	1☐ Certifying	Physician: To th	e best	of my know	ledge, deetl	n occurred	et the tin	ne. dete and	plece, er	nd due to the	ceuse(s) and ma	anner as s	steted.	
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17	o the	Me	29b. Signeture end	title of certifier					290	c. Licens	e number			29d. Date signe	d (Month,	Day, Year)	
	->-0		March 23									2 1990					
	8		30. Name and address of parson who completed cause of death (Item 23e) (Type, Print)),,,,				
	D		OI DR	S parison v	A.	A	TI I	a l	11								
	Sta	to	31. Dete filed (Mon	th, Day, Year)	32.	Registr	ar's Signal	70)				_					
	Regist		MAR	25 1997		Sau	door	andalle	N D								
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Day Yeer **Physician** 7:35 AM March 15, 1997

4b. City, Town, or Location of Deeth 4c. County of Deeth Elma Elizabeth Smith /Medical 4a. Facility Name (If not institution, give street and number) **Examiner** Meridian-Centreville, Queen Anne's Corsica Hills Nursing Center 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 6. Sex **Funeral** 1□M 2/2√5 218-20-4763 Director 84 June 3,1912 Maryland Usual Residenca of Decadent 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f ehov the Wedical Examiner must be notified at Md. Oueen Anne's Oueenstown 1 ☐ Yes 2 ☑ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 21658 Rt. #18 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2.☐ No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Meritai Stetus filed within 72 hours after Hygiene. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 🛠 ➡ No Specify: Specify: White ٥ 3 Widowed 4 □ Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 18a. Decedent's Usual Occupation
(Give kind of work done during most of working
life. DO NOT use retired). Farming 18b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Seafood Packing House Self other permit. Pagas 1 and 2 should be filed Department of Haalth and Mental Hygi Important: If Item 27 Is marked other any injury or other traumatic event, 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be James Elmer Thompson Henrietta Cook 19a. informant's Name/Reletionship (Type, Print) Nephew 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jeffery E. Thompson P.O. Box 356, Centreville, Md. 21617 20b. Place of Disposition (Neme of cemetery, cremetory or other place) March 19, 1997 20a. Method of Disposition 1 Serial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Old Wye Parish Cemetery Wye Mills, Md. 22. Name and Address of Facility Fellows, Helfenbein & 21. Signature of Fuheral Service Licenset Newnam Funeral Home, P.A.

106 Shamrock Rd., Chester, shock, or heart failure. List only one cause on each line. Md. 21619 **Physician** Immediete Cause (Final disease or condition resulting in death) /Medical **Examiner** Due to (or as a consequence of) Examiner attanding physician and for usa as the burial-transit The law requires that the death certificate be axecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated execute.) Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical that initiated events Due to (or es e consequence of): resulting In deeth) Last Part Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Sayss 2 No 3 Probably 4 Unknown Š 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed Demention has cartificata 1 Yes 2 Ro 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other:

Mursing Home 5 ☐ Residence 8 ☐ Other (Specify) Medical Certification: To 1 Yes 2 Ho 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Dete of injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred in 24 hours after death.

The Funeral Director: After plataly filled in by the funeral plataly fill Naturai 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To Certifying Physician: To the best of my knowledge, death occurred at the time, date and pieca, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier (Check only one) Within 2 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 033036 March 17,1997 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) Gary J. Sprouse, M.D.; 2108 Red Apple Plaza, Chester, Md. 21619 32. Registrar's Signature

DHMH 16 Rev 6/95

State Registrar 31. Date filed (Month, Day, Year)

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a Town agreement of

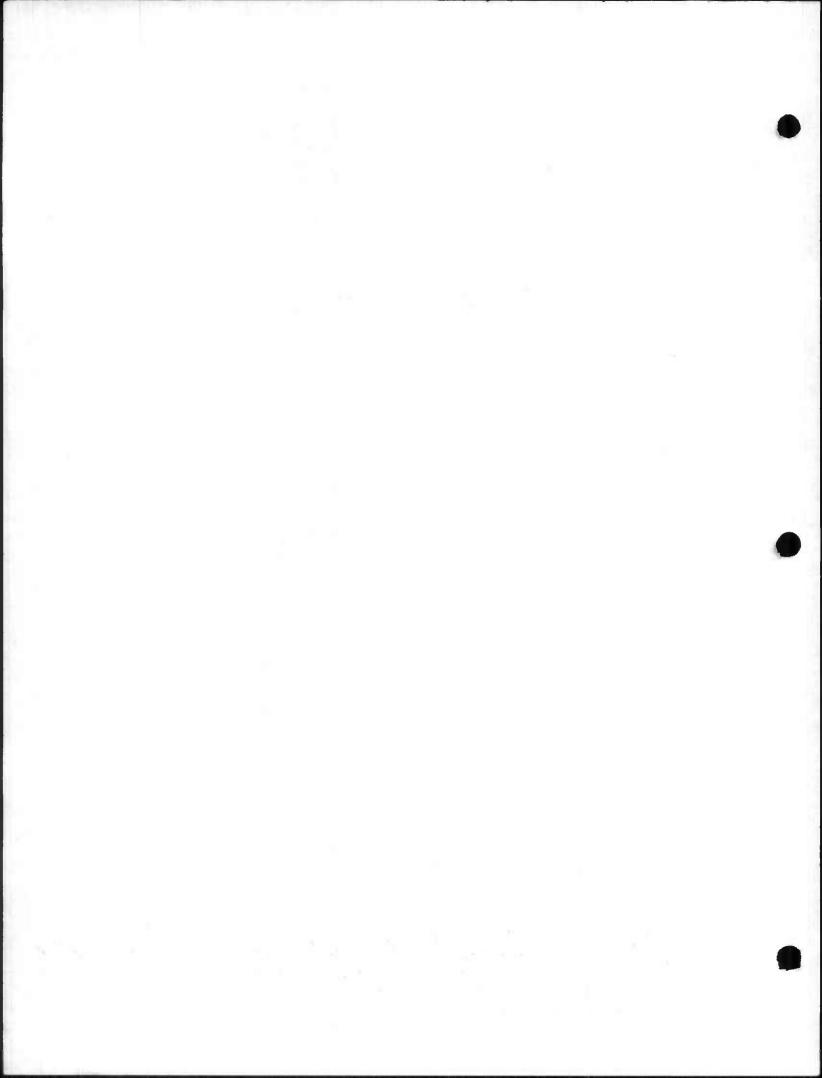
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

10340

					C	Certificate of L		nemai riyg R	eg. No.		00.0	
	Physici /Medic		Decedent's Neme (First, Middle, Last) Ernest George Schel				2. Deta of Dea Month March	Dey 24, 19	Yeer	3. Time of Deeth 1:00 pm		
	Examir		4a. Facility Name (If not institution, giva street		4	b. City, Town, or L		4c. County				
1			4935 Jalmia Road			Mi	t. Airy			Carrol	1	
	Funeral Director		5. Sociel Security Number 6. Sex 183 M 2	7. Age (In yrs. Id	9st birtho	(ey) If Undar 1 Yaar	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey Aug. 1		9. Birthplece Country)	e (Stete or Foreign	
21215-0020	pur *		Usuel Residence of Decedent 10e. Steta 10b. County	10c City	Town	r Location				104	Incide City I legite	
	e Maryle	To Be Completed by Funeral Director	MD Carroll		Air						Inside City Limits 1 ☐ Yas 2 ☑ No	
	h with th		10e. Street and Number 4935 Jalmia Road			10f. Zlp Code 2 :	1771	1	Og. Citizan of V United			
	hours effer death with the Maryland ural', or items 23a or 28a-f show at Examiner must be notified at		1 Nevar Married 2 Married 1.5	s Dacedant Ever in U,s ned Forcas? I Yas 2 □ No WW I es, Give er or Detas: KOREI		13. Was Decedent of Hi If Yas, specify Cuba 1 ☐ Yas 2 ☑ No		ecify Yes or No- Ricen, atc.)		e - Americen k, Whita, atc.		
	n 72		15. Decedent's Education (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+)			ecedent's Usuel Occupe ive kind of work done of fe. DO NOT use retired	etion furing most of work)	ing	16b. Kind of Bu	islness/Indus	try	
	e filed within 72 Il Hygiene. other than "naf		8 17. Fathar's Neme (First, Middle, Last)	0	wner/operat		e (First, Middle, I	plumbing & heating He, Meiden Sumeme)				
317	0 to 0		Edward H. Scheller						Jennie	W Do	11	
	SPEE.		19e. Informent's Neme/Reletionship (Type, Pri	nt)	19b. N	leiling Address (Street	and Number or Rur	al Route Number				
_	C - N -		Ernest Scheller Jr.	, son		49	935 Jalmi	a Road,	Mt. Ai	ry, MD	21771	
9 -	-155		20a. Method of Disposition 1 Burial 2 □ Cremetion 3 □ Ramova 4 □ Donetion 5 □ Other (Specify)	0.0	metery,	isposition (Nema of cremetory or other place) dow Branch		6/97	20c. Location -	City or Town		
	permit. Pages Depertment of Important: If II any Injury or once.		21. Signatura of Funeral Service Licensee		1100	22. Name and Addres				THECEL	, FID	
	205.0		Notherin Painton	A E		412 Wasl	hington F	d., Wes	tminste	r, MD	21157	
	Dharaisian	1/3	23a. Part1. Entar tha diseasa, or complications shock, or heert feilure. List only one cause	that causad ha daath se on each line.	. Do not	enter the moda of dylng	g, such as cardiac	or respiratory err	ast,	Int	proximete arval Between aset and Death	
Ł	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death) e. Lespirator, tachure									
7	D ##	ation: To Be Completed by Physician/Medical Examiner		C Due to for	as e cor	nsprouence of):						
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o n	attend for us									1		
j	the d		Pert II. Other significant conditions contributing	g to death but not resu	iting in th	e underlying cause give	en in Pert I.				e cause of death?	
7	thet the by deta		La Cole	m -1	165	stoff		1 🗆 Y	es 2 No	3 Probab	ly 4月Unknown	
ecords	law requires thet the deeth certific es been signed by the attending p 2 should be detached for use es					0		24a. Was a perform		availel	eutopsy findings ble prior to etion of causa th?	
r	Physician: The law rithis certificate hes b aral director, page 2 s							1 🗆 Y	es 2. No	1 🗆 Y	es 2 No	
	diffica		25. Wes case referred to medical				26. Plece of Deet	h (Check only on	ie)			
>	Physician: rthis certific ral director,		examiner? 1 Yes 2 No Hospite	1 ☐ Inpatient 2 ☐ E	R/Outpa	atient 3 DOA Othe	er: 4 Nursing Ho	me 5 Treside	ence 6 Othe	er (Specify)		
DIVISION OF	nding Pt ath. r: Aftar th a funera		27. Menner of Deeth 1 Naturel 5 Pending 2 Accident Invastigation	Dete of Injury (Month, Dey Year)	28b. Tlm Inju	ry Work	rat t? Yas 2 □ No	28d. Describe ho	ow injury occurr	ed		
	l or Atte efter de Directo d in by th	Certification:	3 Suicide 4 Homlolde 8 Could not be determined 8 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route No. City or Town, Stete)								oute Number,	
i,	To the Hospital or Attending Is within 24 hours effect death. To the Funeral Director: Affar completely filled in by the funer	edicai C	29a. Certifier (Check only page) 12 Certifying Physician: (Check only page) 12 Medical Examiner: Or an an	To the best of my know the basis of axeminetid menry atted.	riedge, de on end/o	eeth occurred at the tim r Investigetion, In my op	e, dete end plece, pinion, deeth occurr	end due to the cred at the time, d	euse(s) end me ete end plece, e	nner as stete end due to the	d. e ceuse(s)	
	To the To the compl	Me	29b. Signifium and title of certifiar	8 1	/	29c. Licensa	number	2	9d. Dete signed	(Month, Dey	, Year)	
			30. Name end address of person who complete	d cause of death (Item	23e) (Ty	pe, Print) DR, D	EAN H.	GRIFFIN	1	3/6	197	

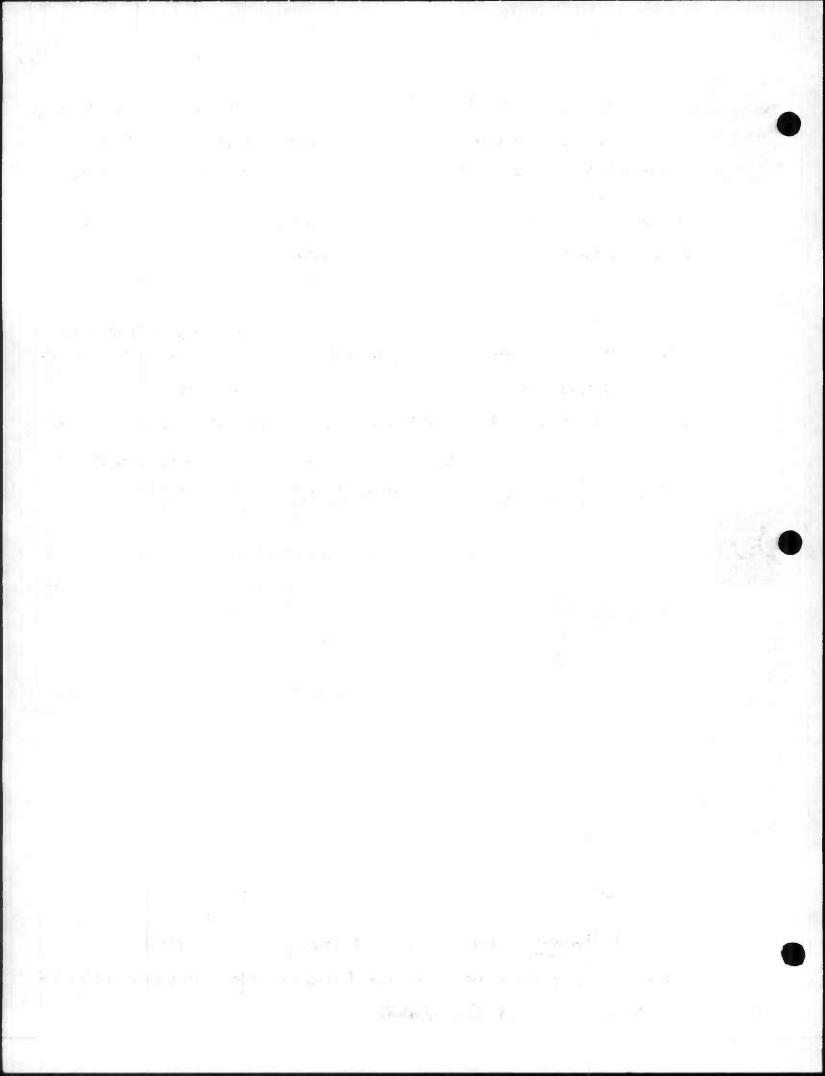
State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Elizabeth Smeltzer **Physician** March rene 93 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Harford Memorial Hospital Havre de Grace Harford If Under 1 Year 5. Social Security Number If Under 24 Hrs. 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months Days 1□ M 121 F 212-32-3794 79 Yrs. Director Nov.10,1917 Maryland Usual Residence of Decedent filed within 72 hours ofter death with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f shor traumatic event, the Medical Examiner must be notfled at 1 √ Yes 2 No Director Maryland Ceci1 Perryville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 29 Water Plant Drive 21903 U.S.A. Funeral 11 Merital Status 12. Was Decedent Ever In U,S Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 ☐ Yes 2 🕅 No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 by 1 ☐ Yes 2 No Specify: Specify: 3 Widowed 4 □ Divorced White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) V.A. Medical Center al Hygiene. Elementary/Secondery (0-12) Ten Years College (1-4or 5+) Perry Point, Maryland Nurses Aid 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Peges 1 and 2 should be f nent of Health and Mental I int: If Item 27 Is marked of William Boyd Evelyn White 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Health e Important: if Item 27 Is any Injury or other tra Charles W. Smeltzer (son) 263 Blythedale Road, Port Deposit, Maryland 21904 20b. Pleca of Disposition (Name of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete Will 2 ☐ Cremation 3 ☐ Removel from State St. Mark's Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 3/25/97 Perryville, Maryland 21. Signature of Funerel Servica Licansee 22. Name end Address of Fecility Lee A. Patterson & Son Funeral Home Sr 23a. Part1. Enter the disease, or complications that caused the deem. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one ceuse on each line. Approximate tntervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel 10 Cardial diseese or condition resulting in deeth) **Examiner** Due to (or es e consequence of): 475 Examiner OYON HW The law requires that the deeth certificate be executed the buriel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760. attending physician for use as the burie Physician/Medical Due to (or es e consequence of). ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dtd tobacco use contribute to the cause of death? ate hes been signed by page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown ģ Completed 24a. Wes en eutopsy performed? 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? this certificate 1 Yes 2 16 1 ☐ Yes 2 ☐ No I or Attending Physician: " after death. Director: After this certifica Be 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 1 Yes 2 300 2 ER/Outpetient 3 DOA funeral Certification: 27. Menner of Deeth 28e. Dete of Injury (Month, Dev Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Naturel 5 Pending 1 Tyes 2 No investigation 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) illed in by 4 Homicide To the Hospital of within 24 hours at To the Funeral D completely filled it Dertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner es steted. Medical 29e. Certifier 2 Madicat Examtner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and placa, end due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) Wilham 30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Pripa 103 K Harry De Grace Kannydin Miham mo 31. Date filed (Month, Dey, Year) 32 Registrer's Signeture State ulia Davidson MAR 25 1997 Registrar

DHMH 16 Ray 6/95



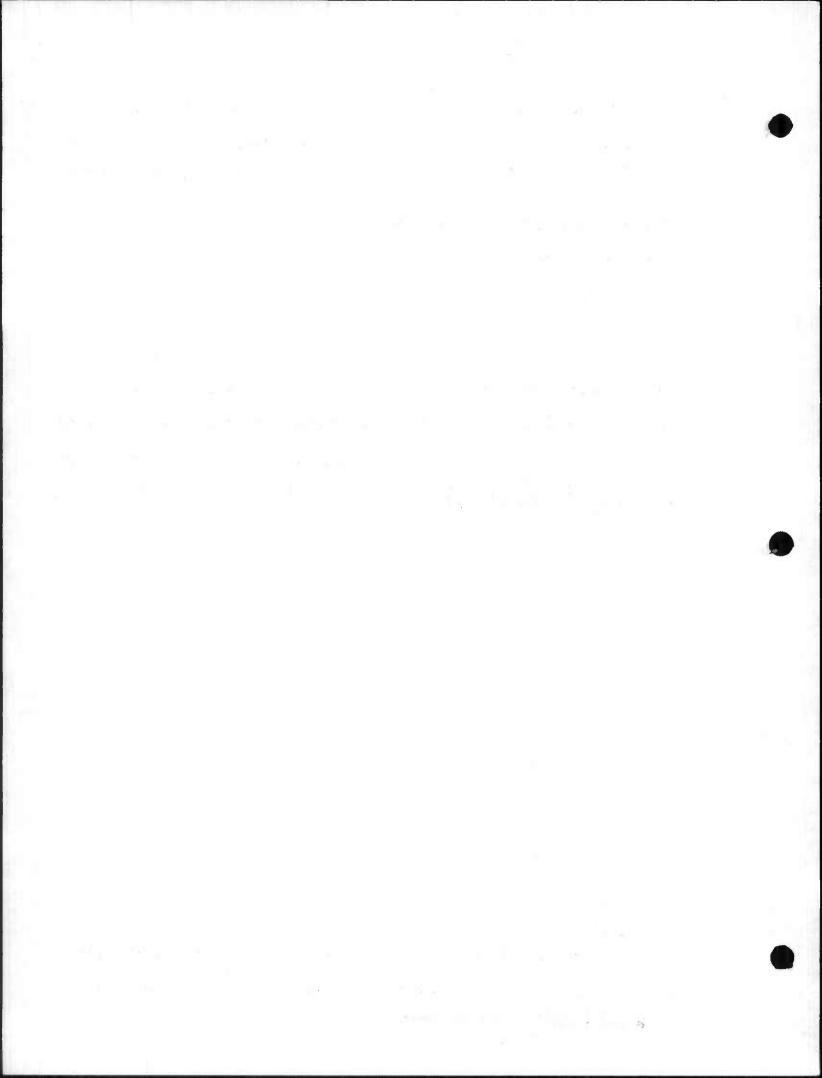
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					,	Certifica	te of	Death	Re	eg. No.		0076	
	Dhusis		Decedent's Neme (First, Middle, Last)						2. Date of Deet		Yeer	3. Time of Death	
	Physici /Medi		Margaret Lo	uise Sny	der				March 2	2, ^{Day} 1997	1001	12:01 AM	
4	Examir		4a. Fecility Neme (If not institution, give s	treet and number)				4b. City, Town, or Lo	ocation of Death	4c. County	of Deeth		
			129 Winter Stree					Hagersto	wn	Wa	shing	ton	
	Funeral Director		223-44-0826	M 2⊠F 63	(In yrs. last	Yrs. If Und	Days		8. Date of Birth (Month, Day, June 23	, 1933	9. Birthple Countr V11g	ece (Stete or Foreign	
yland 21215-0020 ould be filed within 72 hours after death with the Marvland	yland		Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside									d. Insida City Limits	
	Man	to	Maryland Washing	ton	Hag	gerstown						1 Yes 2 □ No	
	or 28	Director	10e. Street and Number				ip Code		10	Og. Citizen of W	/het Countr	y?	
	th wit	aiD	129 Winter Stree	t			2174	40		USA	A		
	J within 72 hours after death with the Manylan jiene. T than "natural", or items 23a or 28a-f show The Medical Examines must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. Was Dacedent Ev Armed Forcas? 1 Yas 2 No If Yes, Give Yeer or Detes:		13. Wes Dace If Yes, sp		Hispanic Origin? (Sp ben, Mexican, Puarto Specify:	ecify Yes or No- Rican, etc.)		- America k, White, et	tc.	
	2 ho		15. Decedent's Educ		10	6a. Decedent's Us	uel Occu	pation		16b. Kind of Bu	siness/Indu	ustry	
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7	al Hygien other th	Completed	12			homem	aker			home			
yland	d oth	Be	17. Fathar's Name (First, Middle, Last)	n 1				18. Mother's Nam					
7	should by and Menta marked	2	George Washingt					Ethel	Louise	Jenki			
Mar	2 2 2 2		John 0. Snyde:	r, Sr.	1	96. Melling Addres		t end Number or Rur	e <i>l Route Number,</i> gerstown	-	-	21740	
	Heali Heali Heali Her		20a. Mathod of Disposition	., 51.						20c. Location -			
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	그 돈 돈 중		4 Donetion 5 Other (Specify) 21. Signature of Funeral Seprice License		Ced				. 3/23	agersu	JWII, I	Maryland	
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	Dhi.i	3	23e. Part1. Enter the diseasa, or complic shock, or heart fellure. List only on	e ceuse on each line.	ia ueatri. L	o not enter the mit	de oi dyi	ing, such as cardiac	or respiretory arre	sst,	1	Approximete Interval Between Onset and Deeth	
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	Examiner		disease or condition resulting in deeth)			- 7/-		rysm			1	hour	
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Attending Physician:	hysic his o	To	1 ☐ Yes 2 ☐ No	ospitel: 1 Inpatient		Outpatient 3 □ □	UA		me 5 🖾 Reside		1.1.1.1		
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	al or At s after o it Direct ad in by	Certification:	determined 4 Homicide determined determined 28a. Place of Injury - At home, ferm, street, in building, etc. (Specify)					factory, office 28t. Location (Street and Numb City or Town, State)				per or Rural Route Number,	
	To the Hospital or Attending Physician: The law within 24 Hours after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2.	edical (29e. Certifier 1 Certifying Physl (Check only one) 2 X Medical Examin	cfan: To the best of refer: On the basis of exent end menner state	camination	ige, deeth occurred and/or invastigatio	et the ti	me, date end pleca, opinion, death occur	and due to the ce ed et the time, de	ouse(s) end me ete end plece, a	nner es sta and dua to t	ted. ha cause(s)	
	Withir To th	Me	29b. Signeture end title of certifier			29c. License number			29d. Dete signed (Me		(Month, D	ey, Year)	
			chuan a	DIX	0		0010	062	Ma	March 24, 1997			
			30. Neme and address of person who cor						***	100	0.	7/0	
			Faward W. Ditto, I	II, M.D.	21	/ W. Wash	ingi	ton St.	Hagersto	own, MD	2.1	740	

State

Registrar

MAR 2 4 1997



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** SNAPP VALLIE VIRGINIA March 22, 1997 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington Williamsport Nursing Home Williamsport | Months | Days | Hours | Min. | Min. | Min. | Min. | Min. | Aug | 13,1896 | State or Foreign | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1 M 2 F 220-16-0665 100 Yrs. Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show trsumetic event, the Medical Exanginer must be notified at 1 Yes 2 No Washington Williamsport Director Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 6 21795 154 North Artizan Street U.S.A. 234 Hems 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 X No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indian permit. Pages 1 and 2 should be filed within 72 hours effer c Department of Heelih and Mentel Hygiene. Important: If item 27 is merked other than "netural, or item any injury or other traumatic event, the Medical Exercised 2006. Black, White, etc. 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ White 3 X Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Inspector Dress Manufacturer 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surname) Montville Steed Rebecca Frances Burke 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Peggy R. Hildebrand 16026 Cloverton Lane, Williamsport, Md. 21795 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other pleca) Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Rose Hill Cemetery 03-25-97 Hagerstown, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee Andrew K. Coffillan Funeral Home, Inc. hoel. 40 East Antietam Street, Hagerstown, Md. 21740 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death **Physician** STROKE /Medical immediate Cause (Final ZWEEKS disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner The lew requires that the deeth certificate be axecuted Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last and Due to (or as a consequence of): ettending physician for use es the buria Box 68760. Physician/Medicai Due to (or as a consequenca of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by i 1 Yes 2 No 3 Probably 4 Unknown TNFARCT DEMENTIA ρ 24b. Were eutopsy findings available prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? page 2 s 1 ☐ Yes 2 ☐ No certificete To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifice completely filled in by the funeral director, g 25. Was cese referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatlent 3 DOA 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homleide Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, end due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. edicai 29a. Certifier 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D33700 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Ted E, House, 31. Date filed (Month, Day, Year) 7542 Overlook Dr. Boonsboro, MD 21713

32. Projetrar Signature

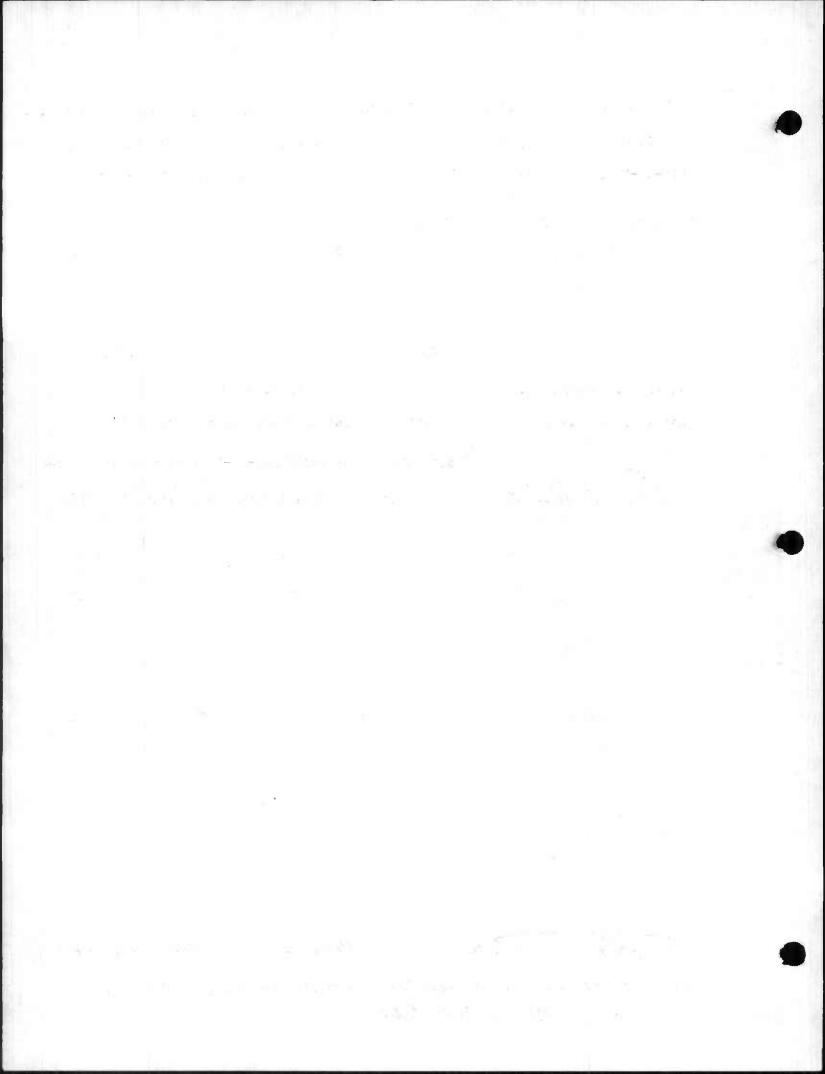
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State

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State of Maryland / Department of Health and Mental Hygiene

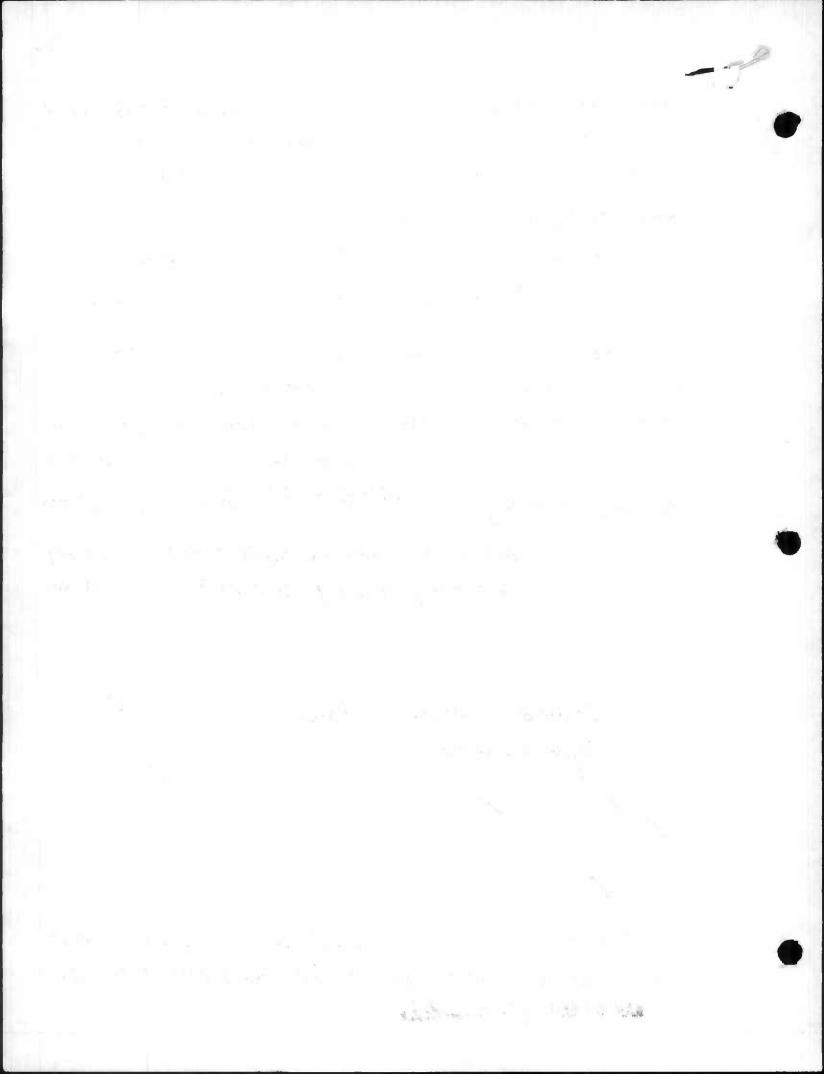
						Cei	tificate	of Dea	ath		Reg. No.		
la.			1. Decedant's Name (First, Middla, L	ast)						2. Date of De	ath		3. Time of Death
h.	Physic /Medi		Constance	Mariam	St	ottle	muer			March	21 199	Yeer	5:45 a.m
	Exami		4a. Facility Neme (If not institution, gi	ve street end number)				4b. Cit	y, Town, or L	ocation of Deat		y of Death	J. 42 W III
		c	4228 Middlepoi	T			W1124		rsvil		Frede	T	
	Funeral Director			Sex 7. Aga	(In yrs. las	t birthday) Yrs.	If Under 1 Months E		nder 24 Hrs. urs Min.	8. Date of Bir (Month, Da Feb 23	y, Year)	9. Births Cour New	place (State or Foreign ntry) Jersey
	Mend/		10a. State 10b. County		10c. City, 7	Town or Lo	cation					1	Od. Inside City Limits
	the Man 28a-f ah notified	rector	Maryland Freder	ick	Myer	svill	2e 10f. Zip Co	nde			10g. Citizen of	What Cour	1 ☐ Yes 2√ No
	ath with	Funeral Director	4228 Middlepoint				217	73			USA		
0200-61212	filed within 72 hours elter death with the Maryland Hygiene. ther then "naturel", or flems 23a or 28a-f ahow out, the Medicel Examiner must be notified at	by	11. Marital Stetus 1 □ Never Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	12. Was Decadent Ev Armed Forces? 1 ☐ Yes 2 ☐ You If Yes, Giva Year or Dates:		i	Vas Deceden f Yes, specify I ☐ Yas 2 🗷	Cuban, Me	xican, Puerto	pecify Yes or No Rican, etc.)	Specia	ca - Americ ack, White, fy: Wh	etc.
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2	d 2 should thend Men 7 is marke traumatic	10	Charles C. Hoover 19a. Informant's Name/Ralationship			10b Mailie	a Address /C		ina M.		as City as Tayur	Ctata 7in	Codel
<u>8</u>	DEN#		George M. Stottle								er, City or Town		
ย์	® o E E		20a. Method of Disposition	nget	20b. Plac	e of Dispo	sition (Name	of	. Rouu,	Date	20c. Location		
saltimore,	permit. Peges 1 Department of H Important: If ite any Injury or ot once.		1 ☑ Burial 2 ☐ Cremation 3 [4 ☐ Donation 5 ☐ Other (Speci	fy)			natory or other Le Ch c		thren:	3-24-97	Myersva	ille,	Maryland
0	Departimon important in portant i		21. Signature of Puneral Service Lice	of the		- 1	. Name end A		- 1		4 Main Sersville		-
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	Physician		shock, or heart failure. List only	one causa on aach line).								Interval Between Onset end Death
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68/60,	be ex sician e burial	aiE	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disaase or injury that initiated events	C					1				
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L	es that igned b be deta	by Pt	h/o Hoo	1 ghins		9150	35C			10	yes 2□ No	3∐ Pro	bably 4 Unknow
Hecords,	aw requir	Completed b								24a. Was	an autopsy omed?	av co	are autopsy findings aliebla prior to mpletion of cause daath?
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	Registr		MAR 2.4	1997 Julie	Huch	charle	ell.						
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Physic /Med		Decedent's Name (First, Middle, RICHARD WAYNE)		RS						2. Dete of Deet Month	Dey 25, 19	Year 97	3. Time of Death
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ò E	by Fu	1 Never Married 2√2 Married 3 Widowed 4 Divorced	1 ⊠ Yes If Yes, G	2 N	₀ 943 , 1	944	1 ☐ Yes 251N		i, r deno r	ricali, etc.)	Specif	ok, While, o	
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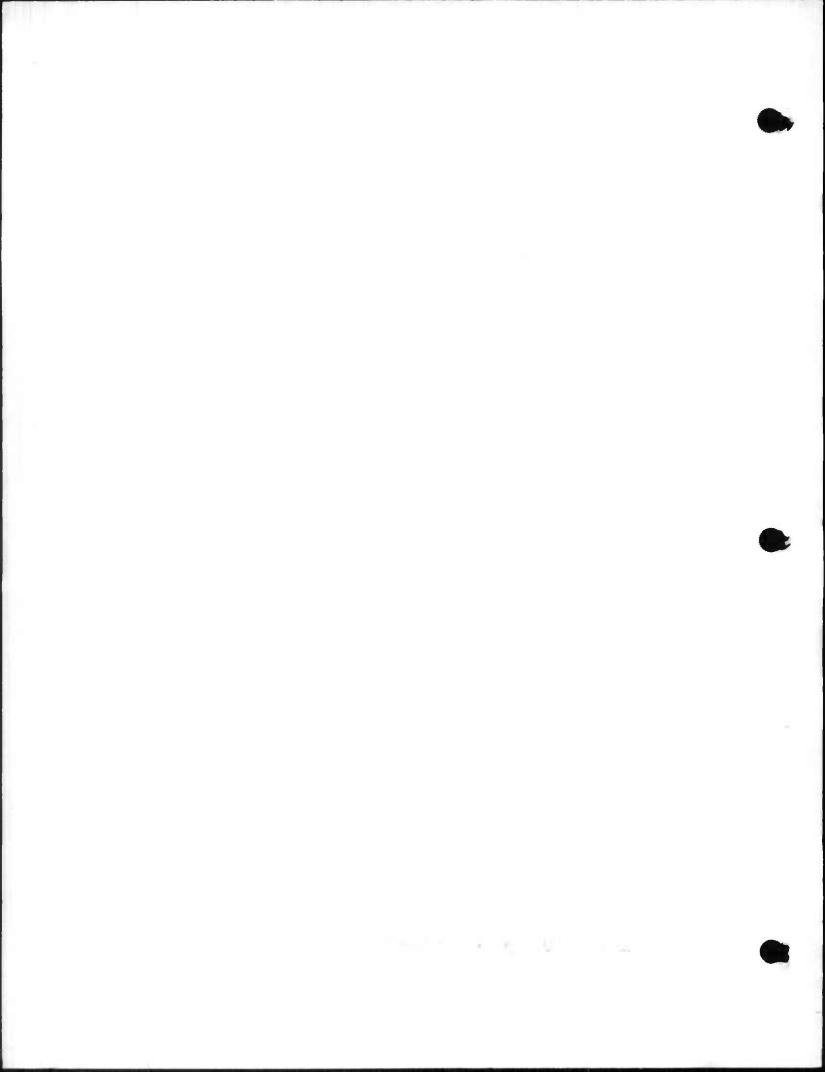
Registrar





0100	the hospital or attending physician,	be detached for use as the burial-transit permit, Pages 1, 2, 3 should	at once.
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt. of Health and Mental Hydene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Grover Clevela	and Smith	Tr			MONTH DA		AR
				F UNDER 1 YEAR	IF UNDER 24 HRS.	March 25	,1997	HRTHPLACE (State or Foreign
	220 10 0000	X M 2 □ F		ONTHS DAYS	HOURS MIN.	July 31,	1924 N	faryland
	9a. FACILITY NAME (If not institution, give street	t and number)	9	b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
DIRECTOR	11515 Pleasan	t Valley	Rd.	Smith	nsburg		Wash	nington
	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
	Md. Wash	ington		Smit	hsburg			LIMITS?
4	104. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
E	11515 Pleasan	t Valley	Rd.		21783		TT	S.A.
FUNERAL		2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		HC ORIGIN? (Specify Yes		RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	City Cuben, Maxica	n, Puerto Rican, etc.)		Black, White, atc.
B	3 🔀 Widowed 4 🗌 Divorced			1 10163	20 NO Specin	γ.		White
COMPLETED	15. DECEDENT'S EDUCATE (Specify only highest grade con	ION	16a. DECEDENT'S US	UAL OCCUPATION	DN	16b. KIND OF BUS	INESS/INDUSTF	RY
		College (1-4 or 5+)	life. Do NOT use r	k done during mo etired.)	st of working			
<u> </u>	12		Machi	nist		Fahr	icati	on
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden		.011
	Grover Clevel	and Smith	Sr.		DE-CALANA	earl Lewi		
B	19a. INFORMANT'S NAME (Type/Print)			ODRESS (Street a		Route Number, City or Town		1
임	Martha J. Reh (daughter)						·
	20a. METHOD OF DISPOSITION		PI ACE AND DATE OF	Mail	St. Mai	nassas, Va	201	10
1	1 Burial 2 Cremation 3 Removal	t from time	etery, crematory or other	piacei 1 0 T	Mar. 29	,1997 20c Loc ery Smit	hsbur	or Town, State
1	21 SIGNATURE OF FUNERAL SERVICE LICENSE	NES 1	easant		D ADDRESS OF FA			
	N A	ala To	7	Darri o	E 11 10 C TA	12	2525 B	radbury Ave
	Jenns T.	Tack		Davis	runer	al Home Sn	ithsb	urg,Md.2178
	23. PART i. Enter the diseases, or com	plicatione that caused	the deeth. Do not	anter tha mo	de of dying, suci	h as cardiac or reapi	ratory arreat,	Approximate
	shock, or heert feliure. Liet IMMEDIATE CAUSE (Final	only one cause on ea	ich line.					Interval Between Onset and Death
1	disease or condition	amore	est les	1/2 001	200 10	Incotara.		buis
i	resulting in death) a	DUE TO OR AS A	CONSEQUENCE OF):	1	in in	francor!		
- 1		and	confer	stee	heard	feutun	L	cra
ੂ	Sequentieily list conditions, if any, leading to immediate		CONSEQUENCE OF):					
HIFICATION	cause. Enter UNDERLYING							
Ĭ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
E	resulting in death) LAST							
5								
4	PART II. Other significent conditions c	ontributing to deeth be	ut not recuiting in	the underlying	ceuse given in	Part I. 24a. WAS AN / PERFORI	WTOPSY WED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC		respections	in -			1 YES 2		COMPLETION OF CAUSE OF DEATH?
4		1						1 YES 2 NO
	DID TOBACCO USE CONTRIB	UTE TO CAUSE O	F DEATH YES	□ NO □	UNCERTAIN	1 10		
4	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH	Check only one)				
HYSICIAN:	had the last	OSPITAL: Inpatient 2 ER/Output	ntient 3 DOA 4	THER:	5 V Residence	6 Other (Specify)		
Ē	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIME C	F 28c. INJ	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURE	D
-	1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK? ES 2 NO			
2	3 Cutalda	28a. PLACE OF INJURY	— At home, farm, stre			26f. LOCATION (Street as	nd Number or Ru	val Bruta Number
COMPLETED	4 Homicide 6 Could not be	building, etc. (Speci	(y)			City or Town, State)	TO THE THE STATE OF THE	Total House,
9 1	290. CERTIFIER							
5	(Check only	N: To the best of my knowle						
۶ ا	2 MEDICAL EXAMINER: 0	n the basis of axamination	and/or investigation,	n my opinion, de	ath occured at the	time, data and place, and	dua to the cau	se(a) and menner as stated.
מו	29b. SIGNATURE AND TITLE OF CERTIFIER	- 6.5			29c. LICENSE NUM	IBER	29d. DATE SIGI	NED (Month, Day, Year)
2	noweary relec	1 poro			D121	94	> M	n 26 97
	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	TH (ITEM/27) (Type, Pri	nt)	1 11-	Na	0 :	1. 1
	HHOOLD R	MITCHIV	Bu)	348	mi // Si	HHOCK	5/0001	n, lud
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE			U		
	MAR 2 T 1997	Jali Buch	sertarial					
		1/						

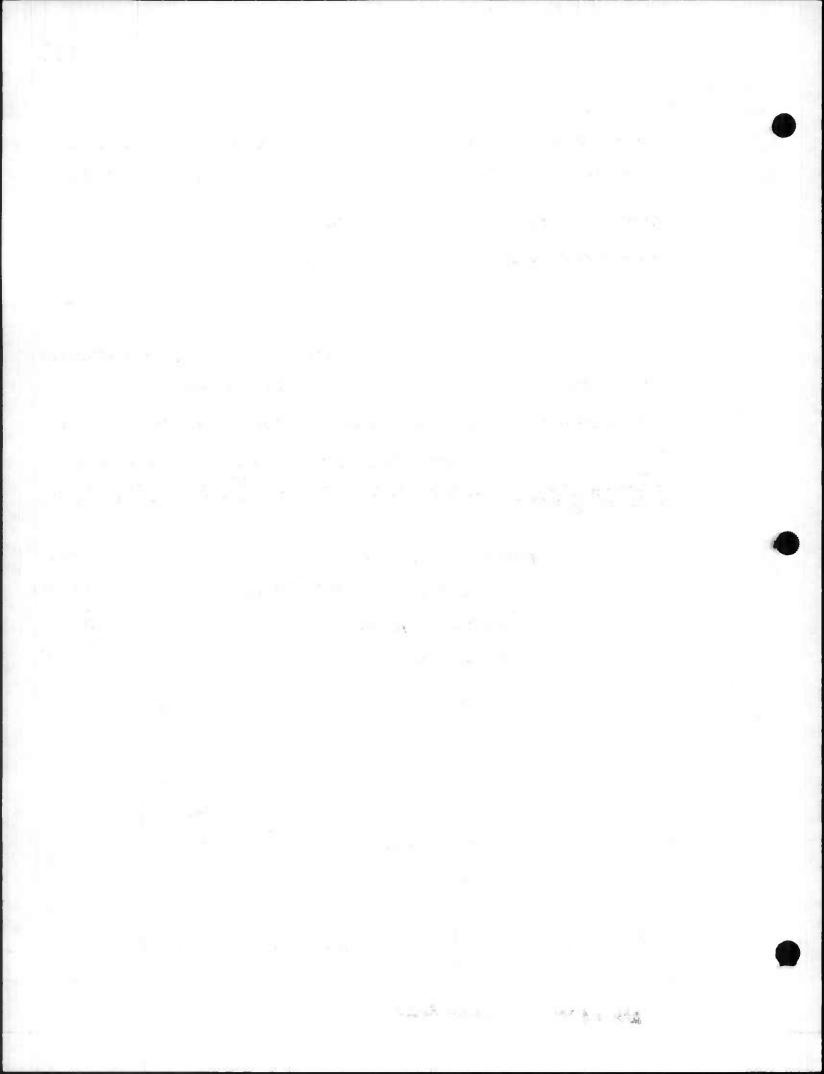


State of Maryland / Department of Health and Mental Hygiene 97 | 0347

						Ce	rtificate d	of Deat	th		Reg. No.		0011
	* Dhyain		1. Decedent's Name (First, Middle, Les	st)						2. Dete of De Month	eth	Voor	3. Time of Deeth
J	* Physic		MERLE NELSON	SWOPE						mary	h 25	Year 1997	7:58
ŭ	Exami		4e. Fecility Neme (If not institution, give	e street end number)			4b. City,	Town, or L	ocation of Deeth	4c. Count	y of Deeth	-
Ĺ			WASHINGTON COUNT	Y HOSPITA	L				HAGE	RSTOWN	1	WASHI	NGTON
	Funeral Director		5. Social Security Number 6. S 214-09-1585 1 Usual Residence of Decedent	ex 7. A	ge (In yrs. 86	lest birthday) Yrs.	If Under 1 Ye Months De		ler 24 Hrs. s Min.	8. Dete of Birl (Month, De APR 18		9. Birthp Cour MA	elece (Stete or Foreigntry) RYLAND
	and		10e. Stete 10b. County		10c. City	y, Town or Lo	cation			-		1	0d. Inside City Limits
	Mary f sh	ō	MARYLAND WASHII	ATC'TTONI			IIAC	ידיים כינוצי	r.m. r				1⊠Yes 2□No
	with the Maryland a or 28a-f show	Director	10e. Street end Number	NGTON			10f. Zip Cod	ERSTO	MIA		10g. Citizen of	What Cour	ntru?
	3a of		1105 ROSE HILL	אל אביאוו ובי					740				
	death	Funeral	11. Maritel Status	12. Was Decedent			Was Decedent	of Hispenic	Origin? (Sp	pecify Yes or No-		.S.A.	
21215-0020	72 hours after death with the Maryland natural; or items 23s or 28s-f show a call Example frust be notified at	þ	1 ☐ Never Married 2 ☐ Merried 3 🖾 Widowed 4 ☐ Divorced	Armed Forces' 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Detes:			f Yes, specify C 1 ☐ Yes 2 🔀 I	uban, Mexi	can, Puerto	Rican, etc.)		ck, White, fy:	etc. WHITE
9	"natural",	Completed	15. Decedent's Ed	lucetion		16a. Dece	ient's Usuel Oc	cupetion			16b. Kind of B	lusiness/Inc	
21	d within 72 ho piene. r than "natur re Med cal	pie	(Specify only highest gra	de completed) College (1-4 or	5+)	(Give	kind of work do DO NOT use re	ne during m tired)	ost of work	king			
		Con	8			M	AINTENA	NCE			STAIR	MANU	FACTURER
Maryland	be filed ital Hygi d other event, t	Be (17. Father's Name (First, Middle, Last)					18. Mo	ther's Nam	e (First, Middle,	Meiden Sumer	ne)	
yla		P	HARVEY NELSON SV	WOPE				EL	IZABE	THE. A	RNOLD		
Jar	2 2 2		19a. Informent's Neme/Reletionship (7			19b. Mailin	ng Address (Str	eet end Nun	nber or Rui	re / Route Numbe	er, City or Town	, Stete, Zip	Code)
	C # 61 =		REGINA SWOPE/DAUG	GHTER-IN-I	7				E DRI	VE, HAG			21740
0			20a. Method of Disposition 1 Burlel 2 □ Cremetion 3 □	Removel from State		ace of Dispo emetery, cret	sition (Name of netory or other	place)	i	Dete	20c. Location	- City or To	wn, Stete
‡	tment tant: It		4 ☐ Donetion 5 ☐ Other (Specify		M		V CEMET			3/26/97	SAN MA	AR, M	ARYLAND
Baltimore,	permit. Pages Department of Important: If is any injury or once.		21. Sign to Funeral Service Local		l Dea		Neme end Ad		,	7606 Ol Boonsbo	ld Natio		
			23a. Part1. Enter the disease, or compositions shock, or heart failure. List only	plications thet cause	d the deeth	. Do not ent	er the mode of	dylng, such	es cerdiac				Approximete
V	Physician		Shook, of hoof failure. List only t	orio codao ori oderi i	110.							1	Intervel Between Onset end Death
7	/Medical		Immediate Ceuse (Final disease or condition	· ATHER	n.Sci	FRA	TIPLE	20 010	VAC	1. 1. An 1)(CFAC	6	1 year.
п	Examiner		resulting in death)	0. / 11112		es e consec		110010	7 13 (20110	13.2/14		10001
	P. **	ine		CONC	ES 7	IVE	HEAR	37 5	LAIL	URE			2 WEBKS
	eath certificate be axecuted attending physician and ifor use as the bunal-transit	Examiner	Sequentially list conditions,	4	Due to (or	es e conseq		•					-
68760,	be ay		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	REN	AL	PAIL	URE					- !	3 DAYS.
87	ohys!	edical	thet initieted events resulting in deeth) Lest	2		es e conseq	uence of):						3 DAYS
×	ding p	Σ		d. PNBU	MO	VIA							3 DAYS
Bo	atten for u	Physician/										İ	
P.O.	es that the death igned by the atte be detached for	ysic	Pert II. Other significent conditions co	ontributing to death b	ut not resu	Ilting in the u	nderlying ceuse	given in Pe	rt I.	23b. Did t	obacco use co	ontribute to	the cause of death
٦.	that the ed by deta				1					10,	Yes 20 No	3 □ Prol	bebly 4 Unknow
Division of Vital Records,	The law requires that the death ata has been signed by the atter paga 2 should be detached for a	Completed by								24a. Wes	en eutopsy rmed?	CO	ere eutopsy findings eileble prior to mpletion of cause
Re	has ga 2	du											deeth?
Ø	n: The ficate or, pa		25. Was cese referred to medical							1 N	-	1 [Yes 2 No
5	Physician: this certific ral director,	o Be	exeminer?	Hospital:		-5/0		Other:		th (Check only o			
ō	Phy r this sral d	To It	27. Menner of Death	28e. Dete of Inju	iry	ER/Outpetier 28b. Time of	28c. Ir	4 🗆	Nursing Ho	ome 5 Resid			ν)
0	oding th. : Afte	tio	1 Netural 5 ☐ Pending 2 ☐ Accident investigation	(Month, De		Injury N		Vork? ☐ Yes 2	□No		177		
18	Attanding or death. actor: After by the fune	fice	3 Suicide 6 Could not be	28e. Plece of In	ury - At ho	me, ferm, str		ca				ber or Rura	I Route Number,
á	after after Dirac	Certification:	4 Homicide	building, et	c. (Specify -)				City or Tow	m, State)		
	To the Hospital or Attanding Physician: The lav within 24 hours after death. To the Funeral Director: After this certificata has completely filled in by the funeral director, page 2	edicai C	29e. Certifying Phy (Check only one) 1 Certifying Phy 2 Medical Exam	valcien: To the best liner: On the basis o end menner st	of my knov f exemineti	vledge, deeth ion end/or Inv	occurred et the restigation, In m	time, date y opinion, d	end plece, eeth occur	end due to the cred et the time, c	cause(s) and ma	anner es si end due to	eted. the cause(s)
	ompl	Me	29b. Signature end title of certifier	and the second	10		29c. Lice	ense numbe	ır		29d. Date signe	ed (Month,	Day, Yeer)
5	->-0		Manzen	9 h	y.		D	283	65		3, 45		
			30. Name end eddress of person who c	completed cause of a	leath (Item	23a) (Type					0,-10	, , .	
			MANZAR J.S	HAFI 3	68	MILL	STRE	BT	HALL	ERSTO	WIN M	102	1740.

State Registrar 31. Dete filed (Month, Day, Year) MAR 26 1997





State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Yee **ISADORE** SCHIFF MARCH 20 1997 2:15 PM /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Worcester Berlin Berlin Nursing Home If Undar 24 Hrs. 8. Data of Birth Hours Min. (Month, Dey, Year) If Undar 1 Yaar 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 15€M 2□ F Yrs Director Dec. 23, 1918 143-10-6771 New Usuel Residence of Deceden the Marylend 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s4 shov traumatic event, the Modical Examiner must be notified at 1 ☐ Yes 2X No Director Worcester Md. Berlin 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 64 Beacon Hill Road US 21811 Funeral death 12. Was Dacedent Ever in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, Bieck, White, atc. filed within 72 hours efter thygiena. 1 ☐ Never Married 2 → Married 1 Xes 2 No If Yas, Give Year or Detes: WW | | Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiamentery/Secondary (0-12) Coilege (1-4or 5+) permit. Pages 1 and 2 should be filed will Department of Heelth and Mental Hygien Important: If fem 27 la marked other that any Injury or other traumatic event, Inter 2018. Machine & Tool Co. 12 Co-owner 17. Fethar's Nema (First, Middla, Last) 18. Mothar's Name (First, Middle, Melden Sumame) Be Rose Borman William Benjamin Schiff 19e. Informent's Neme/Reletionship (Type, Pnint) 19b. Melling Address (Streat and Number or Rural Route Number, City or Town, Stete, Zip Code) 3346 Ocean Pines, Berlin, Md. 21811 Sylvia G. Schiff (wife) 20b. Piace of Disposition (Nema of cemetery, cramatory or other place) 20c. Location - City or Town, Stata 20e. Method of Disposition 1 ☐ Burial 2 ☐ Crametion 3 ☐ Removei from State Cape Henlopen Crematory 3-21-97 Frankford, Delaware 4 Donetion 5 Other (Specify) of Funeral Service Licenses 22. Nama and Address of Facility THE BURBAGE FUNERAL HOME 108 Williams St., Berlin, Md or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or raspiratory arrest, List only one cause on each lina. Berlin, Md. 21811 Approximeta Interval Betw Onsat and Death **Physician** /Medical Immadiata Cause /Finel MADROVASCULAR disease or condition resulting in deeth) Examiner Dua to (or es e consequence of PERTENSIA The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Entar Underlying Ceuse (Diseese or injury thet initieted evants resulting in daath) Last and Due to (or es e consequence of) P.O. Box 68760, attanding physician for use es the buria Physician/Medical Dua to (or as a consaquenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the s been signed by t should be detect 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Wara autopsy findings aveileble prior to completion of causa of death? 24a. Wes an autopsy performed? Completed hes pege 2 1 Yas 2 No 1 ☐ Yes 2 No certificate Division of Vital Hospital or Attending Physician: 24 hours efter death. Be 25. Wes case raferred to medical 26. Pleca of Deeth (Check only one) 1 Yes 2 No Othar: P 1 Inpatient 2 ER/Outpatient 3 DOA Nursing Home 5 Residence 8 Other (Specify) this funeral 28a. Dete of Injury (Month, Dev Year) 28b. Tima of 28d. Describe how injury occurred Medical Certification: 28c. Injury el Work? After 5 Panding investigation 1 Yas 2 No 2 ☐ Accidant Director: 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 28a. Pleca of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 4 Homicida To the Hospital or within 24 hours eff To the Funeral DI completely filled in Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) and manner as steted.

2 Medical Examiner: On the besis of exeminetion end/or investigetion, in my opinion, deeth occurred et tha tima, data and place, and due to the cause(s) 29e. Certifia (Check only one) 29b. Signatural 29c. License numbe 29d. Date signed (Month, Day, Year) 30. Nema end eddress of person who completed cause of deeth (Item 23e) (Type, Print) **EDWIN CASTANEDA MD** 314 FRANKLIN AVE. 21811 BERLIN MD

Registrar's Signetur

DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Dey, Year)

MAR 24 199

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

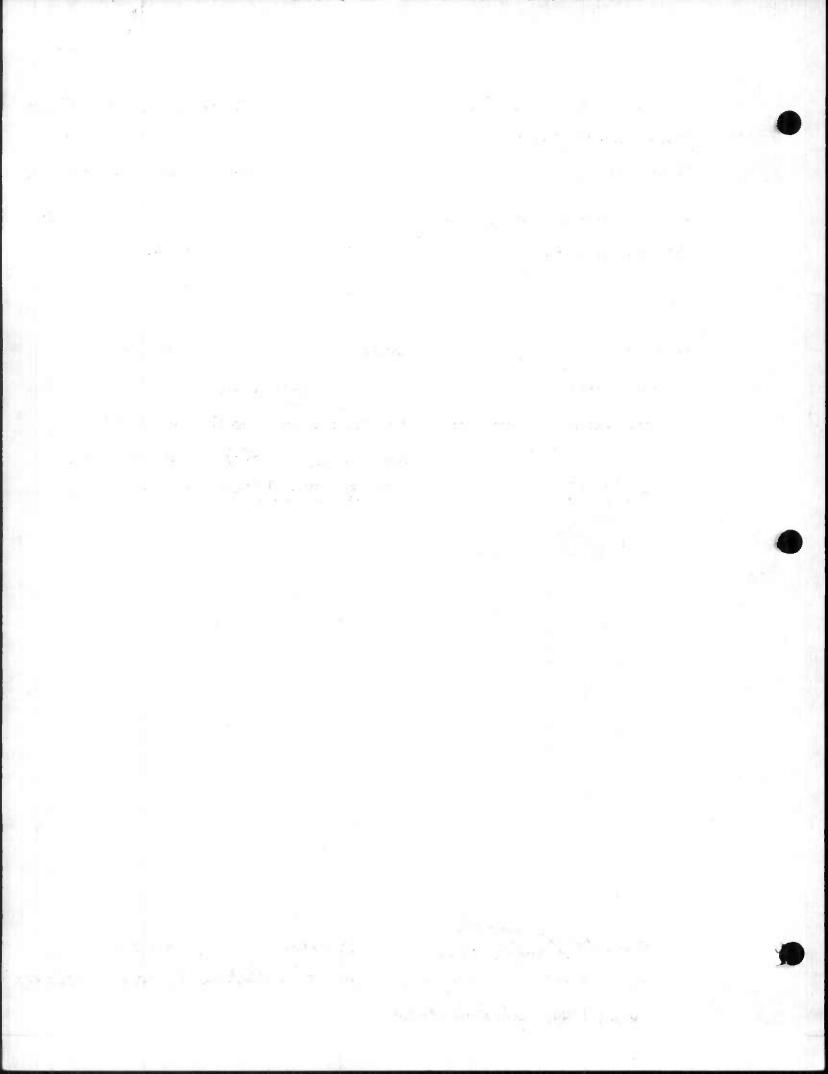
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death March **Physician** 8:45 AM Mary Shahady /Medical 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Laurel Regional Hospital Laurel Prince George 5. Social Sacurity Number If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) **Funeral** 1 ☐ M 2 🗸 F Months Days Hours 577-28-7049 66 Director Feb 21, 1931 Washington, DC Usual Rasidanca of Dacedani the Maryland 10b. County 10c. City. Town or Location r than "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at 10d. Insida City Limits Director 1 ☐ Yas 2 No MD Anne Arundel Laurel 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 20724 U.S.A. 320 Marganza South Funeral 12. Was Decedanf Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritai Status 14. Race - Amarican Indian, Black, Whifa, atc. filed within 72 hours after 1 Navar Marriad 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Yas, Giva þ 3 ₩ Widowed 4 Divorced Yaar or Datas: white Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry I Hygiene. Elamantary/Sacondary (0-12) Collaga (1-4or 5+) Homemaker Grade 12 Own Home Pages 1 and 2 should be filed in ent of Health and Mental Hygicant: If Itam 27 Is marked other? 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be 2 William Bradshaw Della Bowles 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Pages 1 and 2 s
Department of Health ar
Important: if Itam 27 is
eny injury or other trau 320 Marganza South Laurel, Maryland 20724 Christine Fries daughter 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) Marg 14, Mt. Olivet Cemetery Washington, D.C. 21. Signatura of Funaral Sarvice Licensas 22. Nama and Addrass of Facility Donaldson Funeral Home, P.A. 313 Talbott Avenue Laurel, Maryland 20707 e disease, or complications that ceusad tha death. Do not antar tha mode of dying, such as cerdiac or respiratory arrast, if faiture. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final AKRHY Thmis SECONDS disaasa or condition rasulting In daath) Examiner Examiner CORO NARY The law requires that the death certificate be executed burial-transit Saquantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of): P.O. Box 68760. Physician/Medical HOME VENT, LATOR ate has been signed by the attending page 2 should be detached for use as Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24a. Was an autopsy performed? Completed 24b. Wara autopsy findings available prior fo complation of causa of death? 1 Yas 2 No this certificate 1 ☐ Yas 2 ☐ No Division of Vital or Attending Physician: Be director. 25. Was casa rafarrad to medical 26. Placa of Daath (Check only ona) Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) Certification: To 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA the funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred After Natural 5 Panding invastigation after death. 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 - Homicida 24 hours a Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifia within 24 ho To the Fune completely fi (Check only one) To the 29b. Signatura and titla of certifian 29c. Licensa number 29d. Data signed (Month, Day, Year) U 30. Nama and address of person who complated causa of daath (Itam 23a) (Type, Print) 7300 VANDUSEN RD, LAURE, MIDJOFT REGIONAL HOSPHAL 31. Data tiled (Month, Day, Yaar) 32. Ragistrar's Signatura

Fath Devoleor Reveall

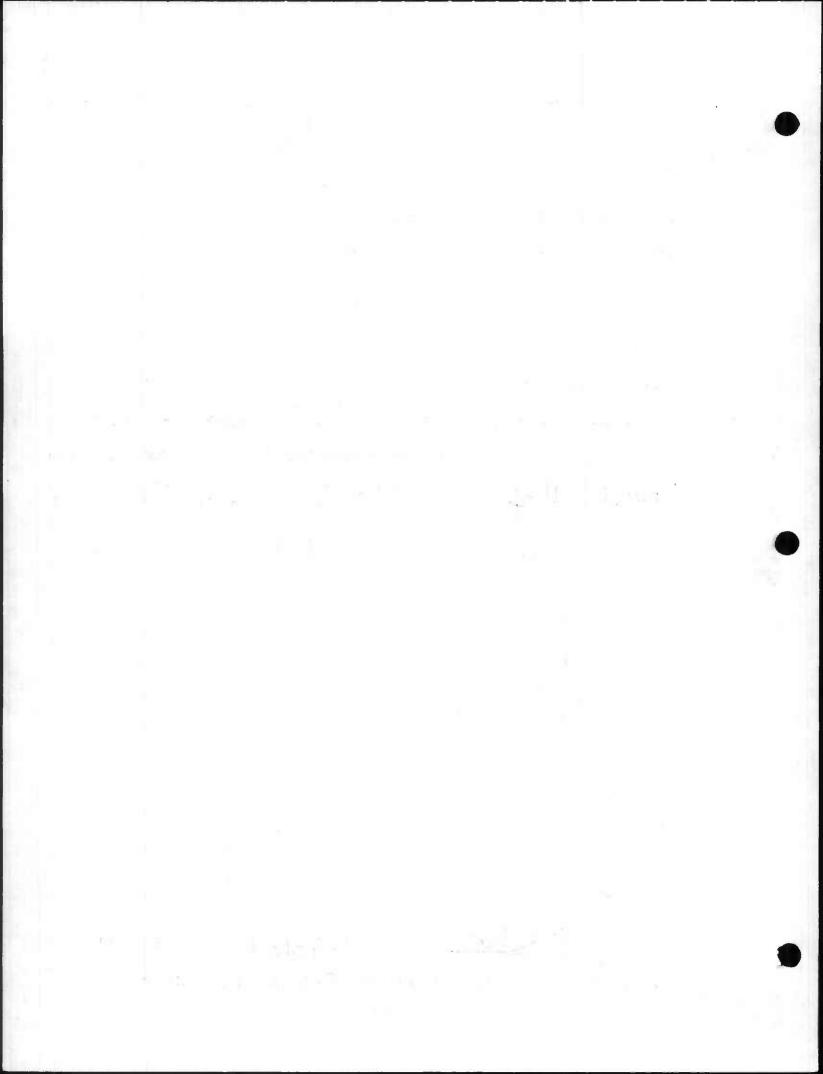
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Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 | 0350

						Cei	rtificate of	Death		Re	g. No.		
	Physic	ian	1. Decedent's Neme <i>(First, Middla, La</i> Jacquelyn		1 sm	QI.	ENKO			2. Dete of Daeti March 13	h	Yeer	3. Time of Deeth 6:00 AM
d	/Medi	cai	4e. Fecility Name (If not institution, giv			- 51	TAILO	4h City To		cation of Deeth	-		0:00 AM
ı	Exami	ner						Frede			4c. County		k
Н	_e Funerai		5. Sociei Security Number 6. S	Sex 7. Ag	ge (In yrs. la	ast birthday)	If Under 1 Year	if Under	24 Hrs.	8. Date of Birth	, ,	9. Birthp	lace (State or Foreign
	Director		356-28-4047 Usual Residence of Decedent	I□ M 2∏ F	59	Yrs.	Months Deys	Hours	Min.	8. Date of Birth (Month, Day, Sept. I	9,1937	IIIi	nois
	nylen show	_	10a. Stete 10b. County		1	, Town or Lo							0d. inside City Limits
	Ba-1	Director	Maryland Frederic	ck	Fre	ederic							1 X Yes 2 □ No
	23a or 2		1420 Grouse Cou	rt			10f. Zip Code 2170	2			Og. Citizen of WU.S.A.	het Cour	ntry?
Maryland 21215-0020	be filed within 72 hours effer death with the Marylend niel Hygiene. Id other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be inclified at	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☑ Divorced	12. Wes Decedent Armed Forces? 1 □ Yes 2 ▼ If Yes, Give Yeer or Dates:		l:	Wes Decedent of I f Yes, specify Cub 1 ☐ Yes 2 No	an, Mexicar	n, Puerto	ecify Yes or No- Rican, etc.)	Bleck	- Americ k, White, White	
5-(natu	Completed	15. Decadent's Ed (Specify only highest gre	ducation ide com <i>pleted)</i>		(Giva	lent's Usuel Occu kind of work done	during mos	t of worki	ing 1	6b. Kind of Bu	siness/ind	dustry
12	within ene.	ldmo	Elamentary/Secondary (0-12)	Collega (1-4or 5	5+)	Secre	00 NOT use ratire	d)			Railroa	ad Ur	nion
0	Hygi Hygi other	e Co	17. Fether's Name (First, Middle, Last)			00020	cary	18. Mothe	er's Neme	(First, Middle, M			11011
lan	Mentel Hygie Mentel Hygie arked other atic event, I	To Be	Chester Edwar	d SMITH				1	eano		LACE		
lary	ges 1 and 2 should it of Health end Mer if Item 27 is marks or other traumatic		19e. Informent's Name/Reletionship (Type, Print)		19b. Mailin	g Address (Street	end Numbe	er or Rura	al Route Number,	City or Town,	Steta, Zip	Code)
, ×	Health Health em 27		Mr. Jonathan C. S	enko, Son			Grouse C	ourt,	Fre	derick,	Marylan	nd 21	1702
Baltimore,	permit. Peges 1 and Depertment of Heal Important: If Item 2 any injury or other once.		20a. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify		CO	matary, cren	sition (Name of netory or other ple Crematory		14,		oc. Location - o		wn, Stete Maryland
Balt	permit. Depertuimports any inj		21. Signature of Funeral Service Licen	1 . 1	10025	Ke	Neme end Addre	l Basf	ord				01 701
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a	Physician		Shock, of fieet failure. List only	orie ceuse on each iii	ne.	4						i	Intervei Between Onset end Death
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	_xammer	2	resulting in deeth)			es e consaq							
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o	that the death led by the etter detached for u	hysi	Pert il. Other eignificent conditione co	ontributing to death bu	ut not result	ting in the un	iderlying cause giv	en in Pert I.					the cause of death?
c,	es that igned to be det	by P								1 L Ye	s 2□ No	3 Prot	pably 42 Unknown
Records,	v require been sig should b									24e. Wes en			ere eutopsy findings alleble prior to
ecc	9w 2 s L	pie								politim		cor	npletion of cause deeth?
	The ate h	Completed								1 ☐ Yes	2 No	1 🗆	Yes 2 No
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ō	this aldi	- To	1 ☐ Yes 2 ☐ √No 27. Manger of Death	Hospital: 1 ☐ Inpatie		R/Outpetlent		4 □ Nu		ne 5 PAesider 28d. Describe hov)
0	After fune	tion	1\☑Neturel 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Des	Yeer)	Injury	28c. Injur Wor M 1 □	k? Yes 2⊡t		od. Describe nov	v injury occurre	d	
Division	Attanding in death. Sctor: After by the fune	Certification:	3 Suicide 6 Could not be	28e. Placa of Inju	ıry - At hom	ne, ferm, stre				28f. Location (Stre		r or Rurai	l Route Number,
٥	s effer bi Direct	Cert	4 Homicida datamined	building, etc	:. (Specify)					City or Town,	Stete)		
	To the Hospital or Attand within 24 hours effer deat To the Funeral Director: completely filled in by the	edical	29a. Certifier (Check only one) 1 Certifying Phy 2 Medical Exam	rsicien: To the best of fnar: On the basis of end manner ste	examinatio	edge, deeth n and/or inv	occurred et the tir estigetion, in my o	ne, dete en pinlon, daal	d pleca, a th occurre	and due to the ceu ad et the fima, dat	use(s) and men te end place, er	ner es sto nd due to	eted. the cause(s)
	To the within 2 To the comple	Σ	29b. Signeture and title of cartifier	111	1/2 4	10	29c. Licens	e number		29	d. Date signed	(Month, L	Dey, Year)
			· // X	Mallon	W.		1	481	84	M	larch 13	3, 19	997
			30. Name end address of person who co Elhamy Es Kandor N	ompleted cause of de	eeth (Itam 2	?3a) (Type, F	Print) Sta F	rederic	iK	MD	21701		
	Sta		31. Dete filed (Month, Day, Yaar)	32. Registra	r's Signaty	re P							
	Registra	ar i	MAK 1 4 IS	131		ann anno	and						



30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Dept. of Surger 22 S Greene St 1997 32 Appistors Signature Randall

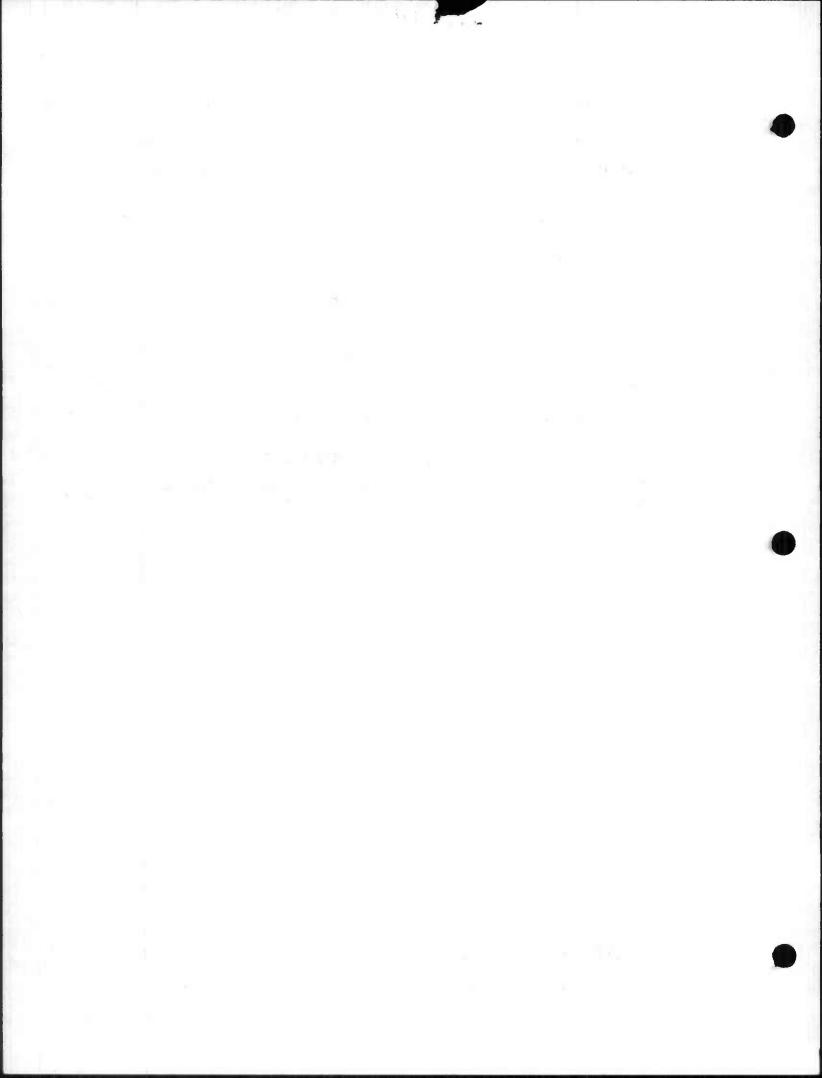
Baltimore, MD 21201

Amended Line
Please Type or Pril 'n Black Indelible Ink. Assure All Coples Are Legible.
State of Maryland / Department of Health and Mental Hygiene 97 1035

						Ce	rtificate o	f Death	R	eg. No.		
	Physic	ian	1. Decedent's Neme (First, Middle ELizabe	th,					2. Dete of Deel Month		Yeer	3. Time of Death
	/Medi		Marjorie Manie	Stone					March	13	1997	03 10
5	Exami		4e. Fecility Neme (If not institution	, giva street end nu	ım <i>ber)</i>			4b. City, Town, or L		4c. County		
			University of May	yland Med	lical Sy	stem		Beltima	~	Belhi	nore C	ity
	Funeral		5. Sociel Security Number	6. Sex	7. Aga (In yrs				8. Data of Birth (Month, Dey,			aca (Stata or Foreigr
	Director		218-40-2717	1□M 2∏ F	78	Q Yrs.	Months Day	s Hours Min.	Apr 24	1918		York
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	ylan		10e. Stete 10b. County		10c. C	ity, Town or Lo	ocation				10	d. Inside City Limits
	Mar Mar	tor	Maryland Fred	lerick		Adam	stown					1 ☐ Yes 2 🔯 No
	1 the	Je J	10e. Street end Number				10f. Zlp Code	a .	1	0g. Citizan of	What Count	ry?
	With with	0	5160-B Doubs Ro	ad			2	21710	1	U.	S.A.	
	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show he Medical Exeminer must be incoffind at	Funeral Director	11, Meritel Stetus		adent Evar In t	J.S. 13.			pecify Yes or No-	14. Rac	ce - Amarica	n Indian.
	Ter d	nn_	1 Navar Married 2 Marri	Armed F			If Yes, specify Co	of Hispanic Origin? (S) uben, Maxican, Puart	o Rican, atc.)		ck, White, e	
20	rs at	by F	3 Widowed 4 □ Divorcad	If Yes, Gi	ve		1 ☐ Yes 2 🗓 N	lo Specify:		Specif	y: Wh	ite
21215-0020	hou tra	P	15. Decedent		70140.	16a Daca	dent's Usuel Occ	cupation		16b. Kind of B	uelpace/lpd	untar
15	n 72	Completed	(Specify only highes	t grade completed)		(Giva	kind of work dor	ne during most of workired)	king	TOD. TAILG OF D	03110337110	ostry
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an	d da de de de de de de de de de de de de de	Be	Eddie		BUSHEY			Clara		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CAGI	₹.
3	2 should be filed within 72 hours aft and Mental Hygiene. Is marked other than "natural; or surnatic event, the Medical Exercisations of the manual content of the medical exercisations of the medical exercisations.	10			DODIMIL	400 0000				A1		
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0	00-5		20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion	3 □Removel from	01-1-	cematery, cre	metory or other p	plece)		20c. Location		
Ē	Pa men		4 Donetion 5 Other (Sp	pacify)	Re	sthave	n Memori	al Gar Man	r 15, 199	9/ Fre	ederic	k, Maryla
Baltimore,	pormit. Pa Departmer mportant: any injury absa.		21. Signature of Funeral Service I	igensee		2:	2. Neme and Add	tress of Fecility Basford	D A Fun	oral H	omo	
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	Physician		snock, or neers reliure. List	only one cause on	eech line.						į	Intervel Between Onset and Death
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п	Examiner		disaese or condition resulting in deeth)	a	y o cardic Due to (TITI	רבווטק					1 11001
	-S-21	ē					quence or):				1	6 hours
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	death certificate be executed e attending physician and ad for usa as the burial-transit	xa	Sequentielly list conditions, if eny, leading to immediete cause. Enter Underlying Ceuse (Diseesa or Injury									11
9	be o		Ceuse (Diseesa or Injury thet initieted evants	c			Bloodlo	22				6 hours
68760,	phys phys s the	Medical	resulting in deeth) Last		Due to (or es e consec	quence of):				i	
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o.	the de	ysi	Pert li. Other algnificant condition	ns contributing to d	eath but not re	sulting In the u	inderlying causa	given in Pert I.	23b. Did to	bacco use co	entribute to	the cause of death?
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070	requir been s should	Completed							24e. Wes e		eve	re eutopsy findings lieble prior to
ec	× 8 8	ğ									of d	npletion of causa eath?
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of Vitai Record	iclan: The certificata rector, par	Be	25. Wes case referred to medical					26. Plece of Dae	th (Check only on	e)		
>	Physician: this certific ral director,	0	examiner?	Hospitel:	Inpatient 2] ER/Outpetie	nt 3 DOA	Other: 4 Nursing H	ome 5 Reside	enca 6 DOth	nar (Specify)
		T:U	27. Menner of Death	28a. Deta	of Injury	28b. Time o			28d. Dascribe ho			<u> </u>
O	Attending Independent of the fune fune	tlo	1 Netural 5 Pending 2 Accident Investig		nth, Dey Year)	Injury		Vork? ☐Yes 2☐No				
15	or Attendi	flea	3 ☐ Suicida 8 ☐ Could n	ot be 28e. Piece	of Injury - At t	noma, farm, st	reet, fectory, offic	28	28f. Location (St	reet end Numi	ber or Rural	Route Number,
Division		Certification:	4 ☐ Homicide	build	ing, etc. (Speci	fy)	, , , , , , , ,		City or Town			
_	To the Hospital or within 24 hours after To the Funeral Dir completely filled in		29a. Certifier 17 Certifying	Physician: To the	best of my kn	owledge deet	h occurred at the	time, dete end plece	and due to the or	nuse(s) and m	enner eo eta	eted
	Pur Plan etely	edical		xaminer: On the b	asis of examination	etion end/or In	vestigetion, In my	y opinion, deeth occu	rred et lhe time, d	ate end place,	end due to	the cause(s)
	To the within 2 To the comple	Z E	29b. Signeture end title of certifier	one men			29c. Lica	ense number	2	9d. Date signe	ed (Month. F.	Dev. Year)
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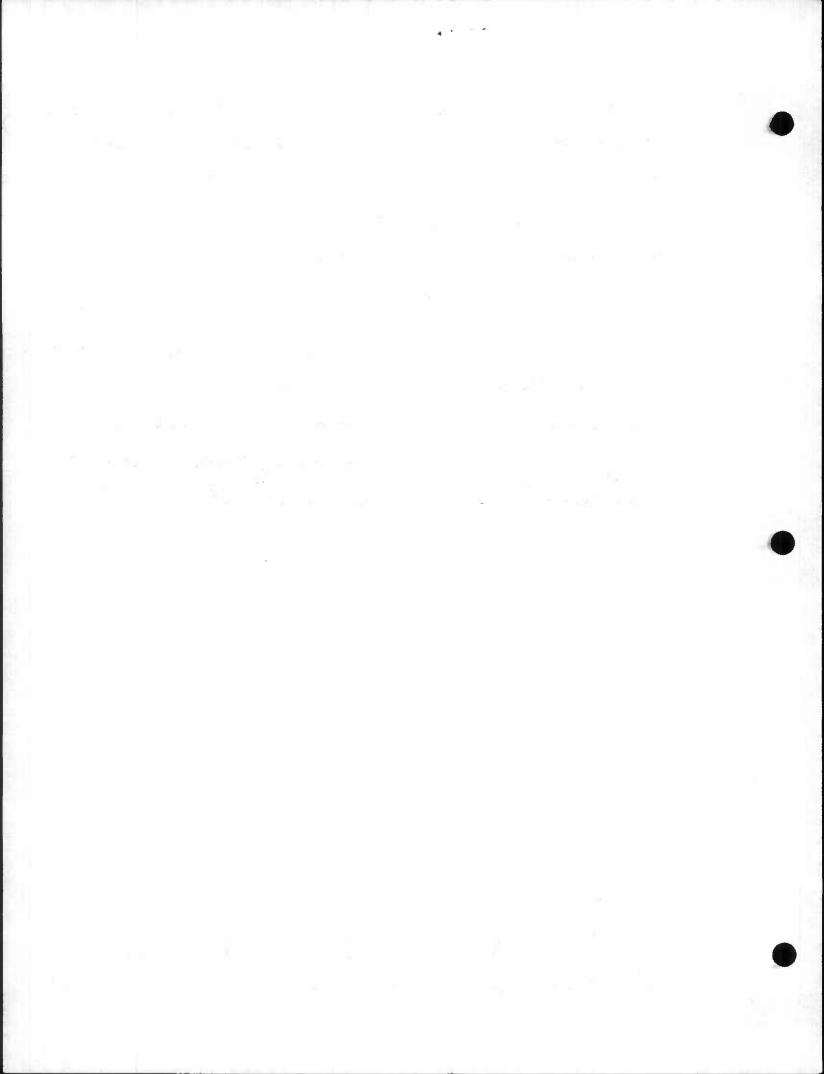
State Registrar

30. Nemo



Please Type or Print în Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

						Ce	rtificate	e of	Death		F	Reg. No.			
	Dharaia		1. Decedent's Neme (First, Middle	, Last)							2. Dete of Dee		Vees	3. Time	of Death
	Physic /Medi		LUTHER JA	MES THOR	NTON						3	19	Year 97	3:	40 AM
	Exami		4e. Facility Nama (If not institution						4b. City, Tov	wn, or Lo	ocation of Death	1	nty of Deeth		10 700
			10508 Norwic	h Dr.					Ocea	an (City	Wo	rceste	r	
	Funeral	Т	5. Sociel Security Number	6. Sex 7.	Aga (in yrs. le	st birthday)	If Undar		If Under 2	24 Hrs.					a or Foreign
	Director		218-16-9519	1 X M 2□ F	73	Yrs.	Months	Days	Hours	Min.	8. Dete of Birth (Month, Day 4/23/	23	Cour	MD MD	
	D		Usual Residence of Decedant												
	how	١.	10a. Stete 10b. County		10c. City,	, Town or Lo	ocation						1	0d. inside	City Limits
	r 28a-f show	Ş	MD Wor	cester	0	cean	City							⊅ C Y	es 2 No
	with the Maryland a or 28a-f show	i e	10e. Street end Number				10f. Zip	Code				10g. Citizen o	of What Cour	itry?	
	23a c	a D	10508 Norwic	h Dr.			2	184	2			US	SA		
		Funeral Director	11. Maritei Status	12. Wes Decede		3. 13.	Wes Deced	ent of h	lispanic Orlo	gin? (Sp	ecify Yas or No- Rican, etc.)	14. F	ece - Americ		
0	or its	F	1 Never Merried 2 Merri	Armed Forca	™WWII					, Риапо	Hican, etc.)	В	leck, White,	etc.	
02	hours after tural, or ite	þ	3 ☐ Widowed 4 ☐ Divorced	Yeer or Dete	s: VV VV		1□Yes 2	ALI No	Specify:			Spec	wh	ite	
21215-0020	natural, or items	Completed	15. Decedent	s Education		18e. Dece	dent's Usue	Occup	pation	and a second	to a	16b. Kind of	Business/Inc	dustry	
21		ple	(Specify only highas Elementery/Secondery (0-12)	Coilege (1-4c	or 5+)				during most	or work	ing				
21	d withingions.	5	12			Mai	rina C)wn	er			Boat	& Bai	t Bus	siness
Du	e filed al Hygie other vent, p	Be	17. Father's Neme (First, Middle, L						18. Mother	r's Nem	e (First, Middle,	Meiden Sum	eme)		
<u>a</u>	Mantal Marked of	To	William Parker	Thornton					Eth	el N	lay Fari	low			
Maryland	SEE	-	19e. Informent's Neme/Reletionsh	ip (Type, Print)		19b. Meiiir	ng Address	(Street	end Numbe	r or Run	ai Route Numbe	r, City or Tox	vn, Stete, Zip	Code)	
	alth ar 27 ia		Ruth Thornto	n/ Wife		1050	8 Nor	wic	ch Dr.	. 00	ean Cit	v. MD	218	42	
ē,	tam fram othe		20e. Method of Disposition		0.01	ace of Dispo	sition (Nem	e of			Dete	20c. Locatio			
Baltimore,	ega ento rt: If		1 ☐ Buriai 2X Cramation 4 ☐ Donation 5 ☐ Other (Sp		10						3/22/97	Eronl	ford	DE	
=	Department Important: any injury		21. Signature of Fauteral Service L		Сар				ess of Fecility		3/22/3/	1 tailr	ciora,	DE	
Ba	permit. Pegas 1 and 2 Department of Health a Important: If Itam 27 la any injury or other trai		6/14	1						Βι	irbage l		I Hom	e	
			IN JOHN,	Dutas	~		108	Wi	lliams	St.	Berlin	, MD	21811		
	القاسم		23a. Part1. Enter the disease, of shock, or heart failure. List of	omplications that cause only one cause on each	ed the death. Ine.	Do not ent	ler the mode	of dyir	ng, such as o	cardiac (or respiratory an	rest,	i	Approxim intervel B	etween
	Physician			8		1	-	2	0					Onset en	d Deeth
1	/Medicai Examiner		immediete Cause (Finei diseese or condition	· Ilas	muro	lery	7	and	Luce	_					
ш		l,	resulting In deeth)	,	Due to (or	es e consec	quence of):		2						
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	requires that the death certificate be axecuted seen signed by the attending physician end thould be deteched for use as the burial-transit	Сап	Sequentially list conditions,		Due to (or	es e consec	uence of):		0						
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	dea ne att	sici	Part ii. Other significant condition	s contributing to death	but not result	ting In the u	nderlying ca	use giv	ven in Part i.		23b. Did to	obacco use	contributs to	the caus	e of death?
P.0	ires that tha daath cer signed by tha attandin d be dateched for usa	Physician									101	es 20 No	3 Proi	pably 4	Unknown
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a			25. Wes case referred to medical								1 D Y	-	11	Yes 2	□ No
of Vital	Physician: The lew this cartificate hes trai director, page 2 s	Be c	exeminer?	Hospitel:				Oth	nor.		n (Check only or				
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n	After fune	ion	T⊟Naturel 5 Pending	(Month, L	Dey Year)	Injury		Bc. injur Wor	rk? IYes 2 □ N		200. Describe II	OW INJURY OCC	dired		
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<u>></u>	or A lifter Direction by	E .	4 ☐ Homicide determin	28e. Pleca of I building,	etc. (Specify)	ne, term, str	eet, tectory,	offica			28f. Location (S City or Tow		n <i>oer</i> o <i>r</i> Hure	House N	ım <i>ber</i> ,
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	To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	edica	Check billy 2 Medical E	Physician: To the bes xaminer: On the besis	st of my knowl of exeminetic	ledge, deeth on end/or inv	occurred e	t the tir	me, date end	plece,	end due to the c	euse(s) end	manner es si	eted.	e(s)
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	15 ¥ 10 00	-	29b. Signature and title of certifier	1 1					sa number			29d. Data sign	ned (Month,	Day, Year,	,
			per CA	Pecho W-	1		(11	0000) 2.() /	3/19	7/97	7	
		12	30. Name end eddress of person w	ho completed cause of	deeth (Item 2	23a) (Type,	Print)								
_			Jack C. U	ewis MT	> F	10 K	5x3	20	1 5	elb	yuille	De	E 10	1975	
	Sta	ite	31. Dete filed (Month, Dey, Year)		strer's Signetu	e						•			



State of Maryland / Department of Health and Mental Hygiene

21701

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death Month **Physician** Yaar ALTON CORNELIOUS 17, 1997 4:01 P.M. March /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Frederick Memorial Hospital Frederick Frederick If Undar 1 Year | If Undar 24 Hrs. | 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number Birthplaca (Stata or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** 110 M 2□ F Yrs. Director 214-10-2279 17, 1904 Maryland Usual Rasidanca of Dacedant the Maryland permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Health and Mental Hygiene. Department of Health and Mental Hygiene Instruction of Hems 23a or 28a-f ehow eny injury or other traumatic event, the Medical Examinat must be notified at once. 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yas 2 □ No Directo Maryland Frederick Frederick 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 611 Grant Place 21702 United States Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas ≥ 2000 If Yas, Giva Yaar or Datas: Race - Amarican Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritai Status 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: Specify: δ 3 Widowed 4 Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Elementary/Secondary (0-12) 5 th. College (1-4or 5+) Police Policeman 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) John C. Twenty Della Reeder 19e. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Lenora A. Fox Twenty, 611 Grant Place Frederick, Maryland 21702 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata WBurial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Olivet Cemetery 3/20/97 Frederick, Maryland 22. Nama and Address of Facility Stauffer Funeral Homes, P.A. re of Funeral Service Licens 1621 Opossumtown Pike Frederick. MD 21702 Part . Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart fature. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immadiata Causa (Finai disaasa or condition resulting in death) Examiner Dua to (or as a consequence of) been signed by the attending physician and should be deteched for use as the burial-transit Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaesa or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? hermonis 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 2 100 1 ☐ Yas 2 ☐ No certificete To the Hospital or Attending Physician: within 24 hours after death.

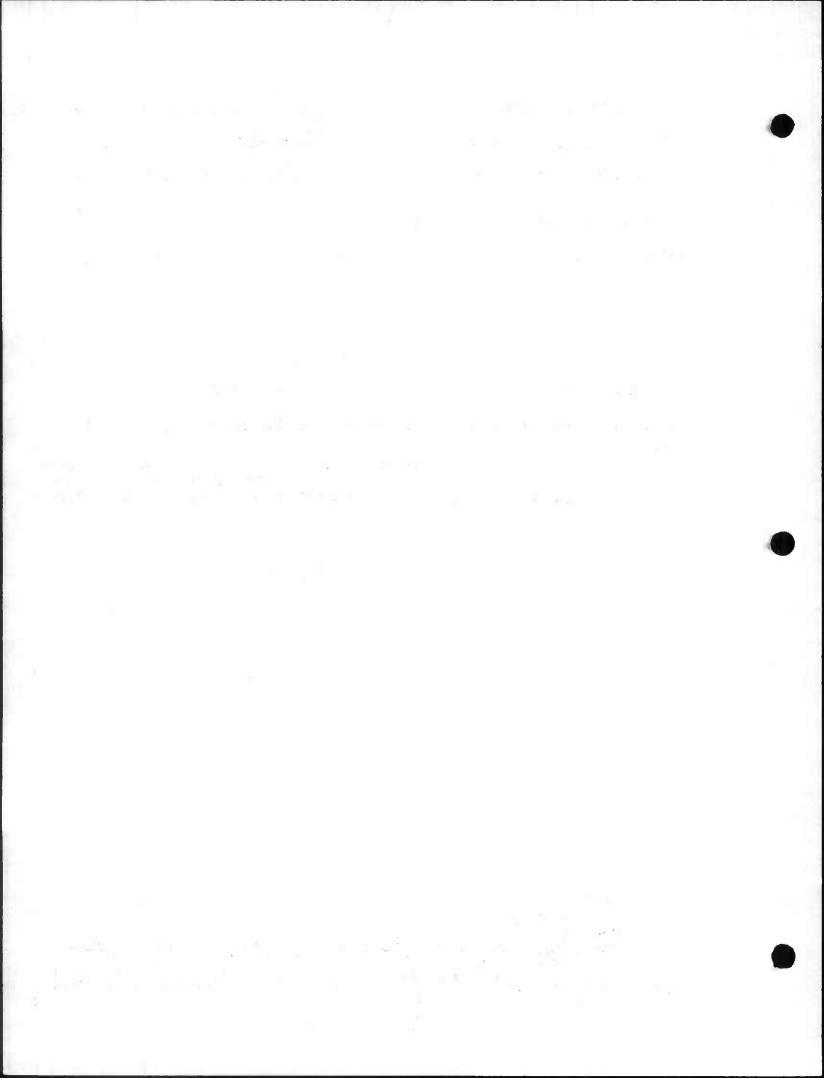
To the Funeral Director: After this certifics completely filled in by the funeral director; 25. Was casa rafarred to medical Be 26. Place of Death (Check only ona) axaminar? Othar: 4 Nursing Homa 5 Rasidenca 6 Othar (Specify) 2 1 ☐ Yes 1 Inpatiant 2 PA/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Deak Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Accident 5 Panding 1 ☐ Yes 2 ☐ No invastigation 6 Could not ba 3 Suicida Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28e. Place of injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 - Homicida 1) Confliring Physician: To the best of my knowledge, daath occurred at tha tima, data and place, and dua to the causa(s) end menner es steted.
2 Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29a, Cartifier Medical 29b. Signature and 29d. Data signed (Month, Dav. Year) 29c. Licensa number of person who complated causa ordeath (Itam 23a) Type, Print) Ave, Frederick 814 MD To11 House

32. Registrar's Signatura

Muches

Rardall

State Registrar



BALTIMORE, MARYLAND 21215-0020

Amed # 7 Wash. Co. S.B March 24, 1997 97

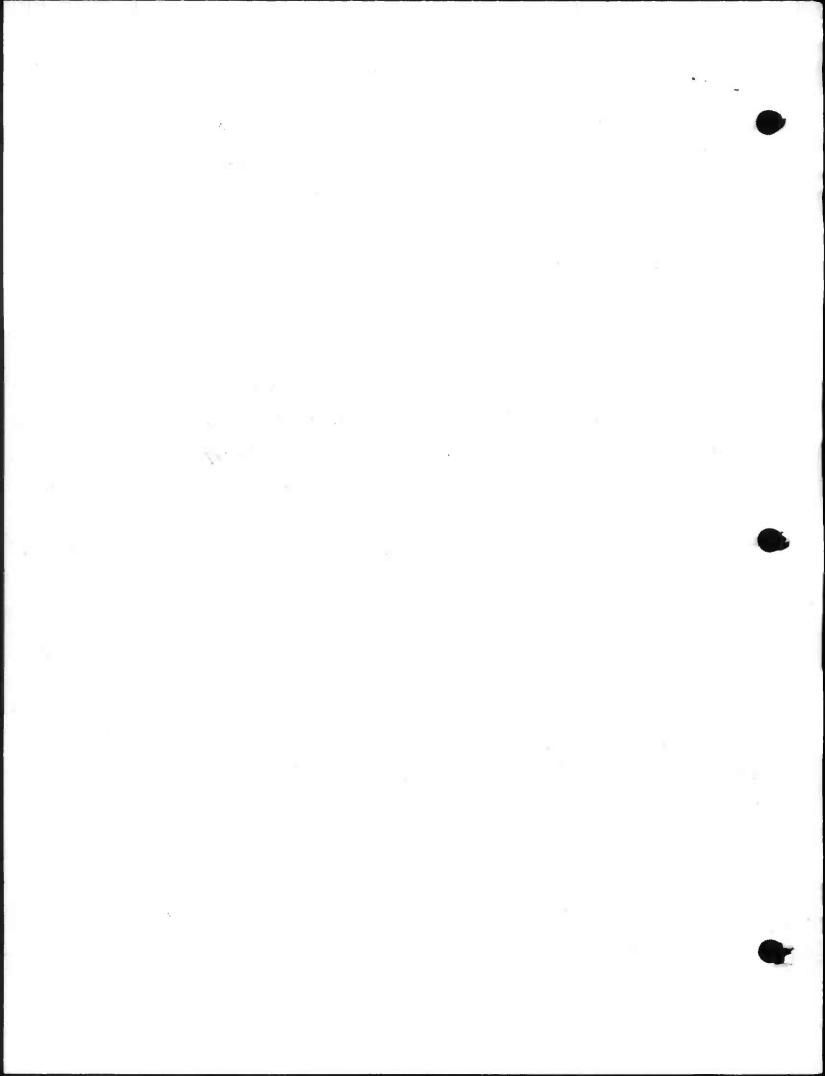
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH 10354

FOR STATE

	REGISTRAR		CERTIFI	CATE O	F DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last) Beulah May	ola Toste	n			2. DATE OF DEATH MONTH, March 22	DAY 1997	YEAR 3. T	9:30 a. м
	4. SOCIAL SECURITY NUMBER 5. SEX 217-12-2603 1 🗆 N	6. AGE (II	73 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) Oct. 10,	23 :	Country)	CE (State or Foreign
	9s. FACILITY NAME (If not institution, give street and	number)		9b. CITY, TOW	OR LOCATION OF D	1		Y OF DEATH	
DIRECTOR	Clearview Nursing Ho	ome		Hage	rstown		Wash	ningto	n
EC.	10a. STATE 10b. COUNTY	-	10c, CITY	TOWN OR LO	ATION			10d.	INSIDE CITY
	Maryland Washing	gton	Wi	lliams;					LIMITS?
FUNERAL	121 Artizan Street				21795			795	COUNTRY?
BY	1 Never Married 2 Married FOR	S DECEDENT EVER IN RCES? 1 YES 'ES, GIVE WAR OR DA'	2 1 NO	If yes,		NIC ORIGIN? (Specify Yorn, Puarto Rican, stc.)	ea or No- 14	Black, Wh Specify:	merican Indian, ita, atc.
ED	15. DECEDENT'S EDUCATION (Specify only highest grade complete.		16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF B	USINESS/INDUS	STRY	
COMPLETED		e (1-4 or 5+)	life. Do NOT us	ork done during or retired.)	nost of working	OFT	home		
M	17. FATHER'S NAME (First, Middle, Last)		Hom	emaker	I se trovuenie un	ME (First, Middle, Maide			
BE C	Frank Scot	tt			200	a May Ken			
TO E	19a. INFORMANT'S NAME (Type/Print)	-				Route Number, City or To			
-	Mrs. Patricia Ann Hee	einer	807 S	outh Po	otomac St	reet, Hage	erstown	, Mar	yland 217
	20a. METHOD OF DISPOSITION 1	n State 20b.	PLACE AND DATE OF A COLOR OF A CO	n Crema	atory	3/23/97 Ha	ocation - ch	wn, M	laryland
	21. BIGNATURE OF FUNERAL MERVICE LICENSEE	1		22. NAME 415]	AND ADDRESS OF FA	on Blvd.,	lch Fun	eral	Home
-	22 DART FOR THE A	Ham	-						21740
	23. PARTIK Enter the diseases, or complice shock, or heart fallure. List only IMMEDIATE CAUSE (Final	y one cause on ea	ch line.			h ss cardiac or res	piratory srres	nt,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	AL2 H	ELMER CONSEQUENCE OF	DISI	ZASB.				Gyeous.
NO	Sequentially list conditions, 6.	A	-TION .	PNEUM				į	1 Day
CERTIFICATION	If sny, lesding to immediate csuse. Enter UNDERLYING	10 (01111011	×	,-				i	v
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
F	resulting in death) LAST		X						1
	BAST II Other clanificant conditions conti	budge as direct	, , , , , , , , , , , , , , , , , , , ,					1	
EDICAL	PART II. Other significant conditions contri	27	it not reaulting i	n the underly	ng csuse given in	Part I. 24s. WAS A PERF	N AUTOPSY ORMED?	AWAII	E AUTOPSY FINDINGS LABLE PRIOR TO
ă		noul				1 _ YES	2 NO	OF D	IPLETION OF CAUSE DEATH?
PHYSICIAN: ME						_		1 🗆	YES 2/ NO
AN	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (Ch	mak anti anni			
Sic	EXAMINER? HOSF	PITAL:	tlant 3 DOA	OTHER:					
H		a. DATE OF INJURY	28b. TIMI	OF 28c. I	NJURY AT W/A	26d. DESCRIBE HOW	INJURY OCCU	RED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	WIL	M 1	YES 2 NO	NIA			
	3 Suicide 6 Could not be 4 Homicide determined	a. PLACE OF INJURY building, atc. (Special	Al home, farm, a	treet, factory, of	Nem	281. LOCATION (Stree City or Town, State	t and Number or e)	Rural Route	Number,
٦	29a. CERTIFIER Check only 1 CERTIFYING PHYSICIAN: To	the best of my knowle	dge, death occurre	d at the time d	te and place, and due	1 F	nanar na stated		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the								mannar as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			SIGNED (Mon	
2	30. NAME AND ADDRESS OF PURSON WHO COMPL	ETED CAUSE OF DEA	TH (ITEM 27) (Ter-	Print)	D283	رن	3	-22.	//
	MANZAR J.SHA	H-1. 368	19/LL -	STREE	T HAGE	ERS TOWN	MD	2/74	0.
	31. DATE FILED (Month, Day, Year) 32.	REGISTRAR'S SIGNA	TURE				1		
	MAR 2 4 1997 Ju	the offension	- Terrell						





State of Maryland / Department of Health and Mental Hygiene 97

97 10355

						C	ertificate	of i	Death			Reg. No.		
П	D iameter		1. Decedent's Neme (First, Middle,	Last)							2. Deta of De		VALUE I	3. Time of Death
П	Physic /Medi		Marcial	(NMN)		10	may	0			MONTH MARCH	Dey 1 18	1997	1:30 AM
h	Exami		4e. Facility Neme (If not institution,		umber)				b. City, To		cation of Death		y of Death	1.207.1
			Suburban Hospit	·a1				R	ethes	da		Mon	+	
	Funeral			Sex	7. Age (In yrs	. lest birthda	y) If Under 1		If Undar		8. Data of Bir	th	tgome:	
L	Director		unavailable Usuel Residence of Decedent	12XM 2□ F	75	Yrs.		Days	Hours	Min.	(Month, De	y, Year) 13,1921	Bol:	lece (Steta or Foraign try) ivia
	Page 1		10e. Stete 10b. County		10c. C	ity, Town or	Location	_					1	0d. Inside City Limits
	Sa-f sh	Director	Maryland Montgo	mery		Chev	Chase							Y☐ Yes 2☐ No
	23a or 2		10e. Street end Number 4550 North Park	Avenue	#/	607	10f. Zip C		816			10g. Citizen of Boli		itry?
020	n 72 hours efter deeth with the Maryland "natural", or items 23a or 28a-f show solical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Navar Married 2⊠ Married 3 □ Widowed 4 □ Divorced	Armed F	2 XNo		B. Wes Daceder If Yes, specification 124 Yes 20] No	ispanic Orig en, Mexican Specify:	gin? (Spe i, Puerto I	cify Yes or No Rican, etc.)	- 14. Ra Blo Speci	ca - Americ eck, White,	
ö	hou	8	15. Decadent's				Bolivia: edent's Usuel		etion			16b. Kind of I		
Maryland 21215-0020	C	Completed	(Specify only highast s Elementery/Secondery (0-12)	rede completed,	(1-4or 5+)	(Gi	DO NOT use	retired	du <i>ring</i> most	t of workli	ng			
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an	Mental Mental arked of	Be	Jose Tamayo	317						a Sa		, Meloen Sume	ille)	
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Ma	nd 2 sho alth end 27 is me r treum		Patricia O'Call		Gm G 110									
	s 1 and 2 should be filed Haalth end Mental Hyg tem 27 is marked other other treumatic event,		20a. Method of Disposition	agnan-1	20ь.	Pieca of Dis	position (Neme	of		#00	Dete Dete	20c. Location		20816
no	ages int of		1 Buriel 2 Sremation 3		Stata		emetory or oth		•					
Baltimore,	permit. Pa Departmen Important eny Injury		4 Donetion 5 Other (Special Signetura of Financial Service Lic	•	Me	tropo.	itan C: 22. Nama and				.21,97	Alex	., <u>Va</u>	
Ba	permit. Pages 1 an Department of Haal Important: If Item 2 eny Injury or other once.		· () 0	DO 071	21		DeVol							
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			23. Fur. Enter the disease, or co ock, or heart feilure. List on	y one ceusa on	aach line.	tin. Do not e	nter tha moda	or ayın	g, such es	cardiec o	r raspiratory a	rrast,		Approximete Intarval Between Onset end Deeth
	Physician /Medical		Immediete Ceuse (Finel										1	Cristi and Deeti
	Examiner		disaase or condition resulting In death)	θ			hocyti	L	eukem	ia				6 years
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P.O.	that the ed by th datache	hy						J				Yes 2E No		pably 4 Unknown
	s tha	by F												
of Vital Records,	been s	Completed										en eutopsy rmed?	ava	ere eutopsy findings allabla prior to appletion of cause deeth?
æ	0 - 5	E O									10	Yas 2 No		Yes 2 No
a	Iclan: The certificate rector, pag	Be C	25. Wes case referred to medical						26 Pleca	of Deeth	(Check only o	**	, , ,	2100 2010
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	g Physical dispersion		27. Menner of Deeth	28e. Dete		28b. Time Injury		. Injury Work				now injury occu		,
0	Attanding Ph or death. ector: After th by the funeral	atic	1 ☑ Netural 5 ☐ Pending 2 ☐ Accident Invastigati	on	,, ,	,,	М		Yes 2□N	No				
Division	or Atta	Certification:	3 Sulcide 6 Could not determine	A 289. PIEC	a of Injury - At hing, etc. (Speci	ome, farm,	street, factory, o	ffice		2	28f. Location (S City or Tox		ber or Rure	l Route Number,
	To the Hospital or Attantwithin 24 hours after deat To the Funeral Director: completaly filled in by the	edical C	29a. Certifier (Check only one) 12 Certifying F	Physicien: To the aminer: On the b end man	best of my knows best of exemination	owledge, de etion end/or	oth occurred et invastigation, in	the tim	ne, dete end pinion, deet	d plece, e	nd due to the	ceuse(s) end m deta end pieca	enner es st , and dua to	eted. the ceusa(s)
	ompl	Me	29b. Signature and title of certifier	5.74 mail			29c. L	icense	number			29d. Dete sign	ed (Month, i	Dey, Year)
	24		Mak & Al	obu zz	wy MI	>			48226				h 19,	
-	7		30. Name end eddress of person who	completed cau	se of deeth (Ite	m 23e) (Typ	e, Print)			-				
	\		Mark R. Abbruz	zese, M	D. 491	0 Mass	achuset	ts	Ave.	, N.W	#304,	Washir	igton,	D.C. 20016

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Amended #5, 3/28/97, JW Mont. Ctv. Amended # 18, 3/20/97, JW, Montg. Ctv. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** March 14, 1997 Beulah Norris Thompson 10:50 PM /Medical 4a. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Wilson Health Care Center Gaithersburg Montgomery County If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 6. Sax Birthplece (Stata or Foraign Country) **Funeral** 1 M 2 TF Months 84 July 19, 1912 North Carolina Director Usual Residence of Dacedant 10e Stete 10h County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28a-f shor the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Directo Maryland Montgomery County Gaithersburg 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? United States 227 Rolling Road 20877 Funeral of America 12. Was Dacedent Ever in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indian. 11. Marital Status Black, White, etc. ☐ Yes 2 No Yes, Giva 1 Nevar Married 2 Married Baitimore, Maryland 21215-0020 1 ☐ Yes 2 Ĭ No Specify: Specify: þ 3 ₺ Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 9 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama)
Eliza
Mary Elizabeth Ward Be nd Mental marked of Pages 1 and 2 should be James Walter Norris and a 19e. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Department of Health at important: if item 27 is any injury or other trau otice. Donnie Sue Ferrell/ Daughter 227 Rolling Road, Gaithersburg, MD 20877 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) Mar 18, 20c. Location - City or Town, Steta 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Chadbourn Cemetery 1997 Chadbourn, NC 21. Signaty of Funerel Service Licensee 22. Name end Addrass of Facility #M00690 DeVol Funeral Home of Gaithersburg 10 E. Deer Park Drive, Gaithersburg, Maryland 23e. Pert1. Entar the diseese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer feilure. List only one ceuse on each line. Approximata Interval Between Onset end Death **Physician** /Medical Immediete Cause (Finel diseese or condition resulting In deeth) Examiner Examiner physician and s the burial-transit certificate be axecuted Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequance of): P.O. Box 68760, Physician/Medical Dua to (or as e consequence of): USB BS attanding I signed by the al Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yee 2 ☐ No Division of Vital Records, by 24b. Were autopsy findings avaliable prior to Completed 24e. Wes en eutopsy peen completion of cause of death? 2 1 No certificate 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Wes cese referred to medical Be 26. Place of Death (Check only one) examinar? Other: Nursing Home 5 Rasidence 6 Other (Specify) 1☐ Yes 2☐ No 2 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manufer of Death 28d. Dascribe how Injury occurred Certification: 28b. Tima of 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office bullding, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 - Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es stated.

Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner steted. 29a. Certifier Medical (Check anty one) 29b. Signature and fittle of pertifier 29c. Licansa number 29d. Date signed (Month, Day, Year) March 15,1997 30. Name and eddress of person who completed ceuse of deeth (item 23a) (Type, Print) Coorgetown Ad Bethelde 140 20814 140.9410 0/1 0 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture State MAR 20 Registrar

x Pissonia v Zii vi

State of Maryland / Department of Health and Mental Hygiene

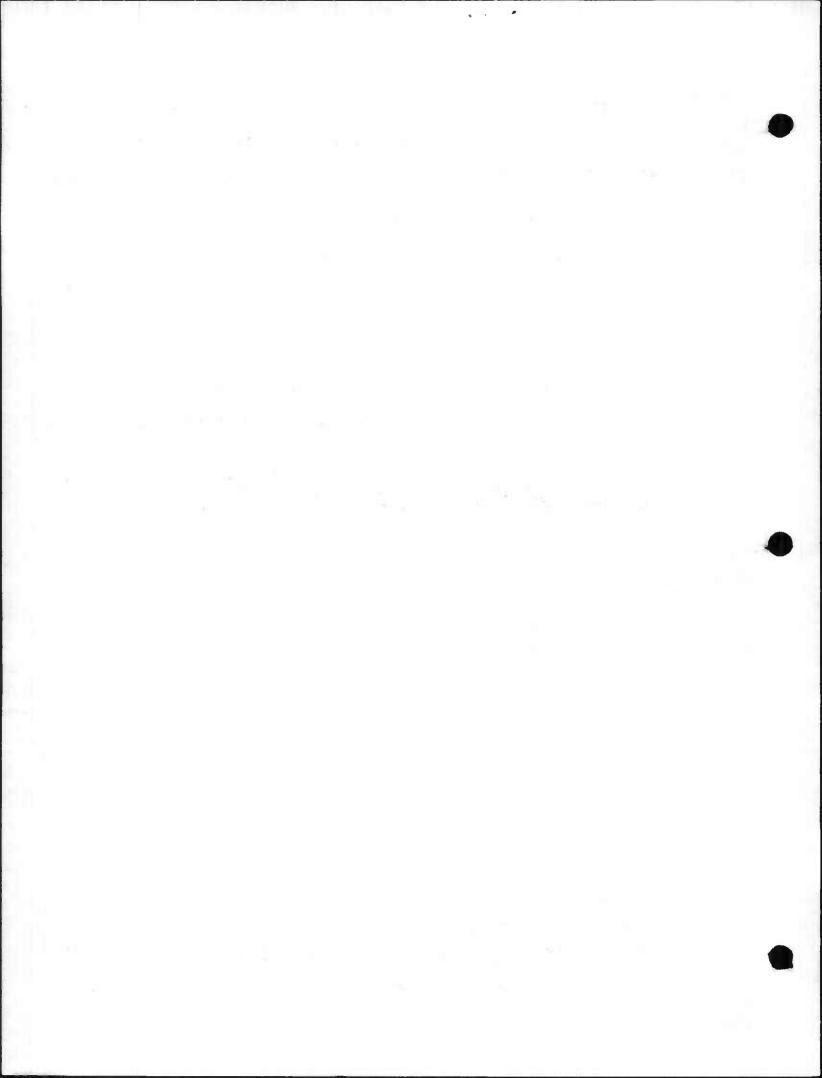
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Physic /Medi		Nathan		Te	itelba	um				March	13,	1997	1001	10:14a
Exami		4e. Fecility Neme (If not in	nstitution, giv	e street and numbe	ar)				4b. City, Town, or	Location of Deet	h 4	c. County o	of Death	
		Holy Cross	-						Silver	Spring		Montg	omery	•
Funeral Director		5. Social Security Numbe 053-05-712	5 1	ex 7	Age (In yrs. 80		rs. If Unc	ler 1 Year s Deys	Hours Min		rth sy Yes	1916	9. Birthple New Y	ork
pue *		Usuel Residence of Dece 10e. Stete 10b.	County		10c. City	. Town	or Location						100	d. Inside City Lin
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d 2 should be filed within 72 hours after death with the Maryland tith and Mental Hygiene. 7 ie merked other than "naturel", or items 23s or 28s-f show traumatic event, the Medical Examine final be notified at	by Funeral	11. Maritel Status 1 Never Married 2 3 Widowed 4 D		12. Wes Decede Armed Force 1 XYes 2[If Yes, Give Yeer or Dete	s? ⊒ No	S.		edent of hecity Cub	lispanic Origin? (S en, Mexican, Puer Specify:	Specify Yes or Note Rican, etc.)	0-	Bieck	- American k, White, et Whit	lc.
72 hc netur	Completed	15. D	ecedent's Ed	fucation de completed)		16e. C	Decedent's Us	suel Occup	petion during most of wo d)	nkina	16b.	Kind of Bus	siness/Indu	istry
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be fi	Be	17. Fether's Nema (First, Joseph Te	<i>Middle, Last)</i> itelba						18. Mother's Ne Celia	me (First, Middle Zutzma		e <i>n Sum</i> ame	9)	
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Physician /Medical Examiner By bhysician end es the burlat-transit es the burlat-transit	Examiner	23a. Pert 1. Enter the ensishock, or heart teilu Immediate Cause (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediacause. Enter Undarlying Cause, Disease or injury		e. b.	Due to to	lu as a co	onsequence o	ho	Ja	ela.	2	20		Approximate interval Between Onset and Death
es thet the death certificate be executed gned by the attending physician end be detached for use as the burlal-transit	Physician/Medical	Cause (Disease or Injury that initiated events resulting In death) Lest	ĺ	d	Due to (or	es e co	nsequence of		02 0	3				
	iysic	Pert II. Other significant	conditions of	ontributing to death	but not resu	ilting in t	the underlying	cause gi	ven in Pert I.			\		the cause of de
s that the c	by Pt									1	Yes	2 No	3 Probe	ably 4 Unkr
aw requir as been s 2 should	Completed b		-								bermo		com of de	e sutopsy findin- lable prior to pletion of cause sath?
n: The		25 111		The state of the s								2 No	10	Yes 2 No
Physician: The I this certificate har	o Be	25. Was case referred to examiner? 1 ☐ Yes 2 ☐ No	-	Hospital:				Ot	her _	ath (Check only		• De:		
Phys ratio	1: To	27. Menner of Death		28e. Date of Ir (Month, I		ER/Outp 28b. Tir		28c. Inju Wo	4 Li Nursing I	Home 5 ☐ Res 28d. Describe				
ding th.	tlor		Pending Investigation		Day Year)		ury M		rk? Yes 2 □ No			,,		
To the Hospital or Attending Phy within 24 hours after deeth. To the Funeral Director: After thi completely filled in by the funeral	Certification:		Could not be determined	28e. Place of	Injury - At ho etc. (Specif)	me, fem	n, street, fect	ory, office		28f. Location City or To			er or Rural	Route Number,
Hospit 24 hour Funera	edical (29a. Certifier Check only 2 N	ertifying Phyledical Exam	ysician: To the besinner: On the basis end manner	of examinet	viedge, lon end/	death occurre for investigetion	d et the ti	me, dete end place	e, and due to the urred et the time	cause date e	(s) and mer and plece, e	nner as ste nd due to t	ted. the cause(s)
Ithin of the Ample	Me	29b. Signature and title of	obrilliar	and manner	arereu.		2	9c. Licen	se number		29d. [Dete signed	(Month. D	ey, Year)
			-VV				-	7	/		(3/12	15)
10		- \	1.0	_		:		29	0948			7/17	11-	
		30. Nama and addrass of	_	complated causa o	death (Item	23e) (T	ype, Print)		wer Spri	1 .				
		31. Data filed (Month, Day	Year)	10313 Ge	Street's Signer	NUE	# 209	511	ver Spri	ny ma	2	0902		
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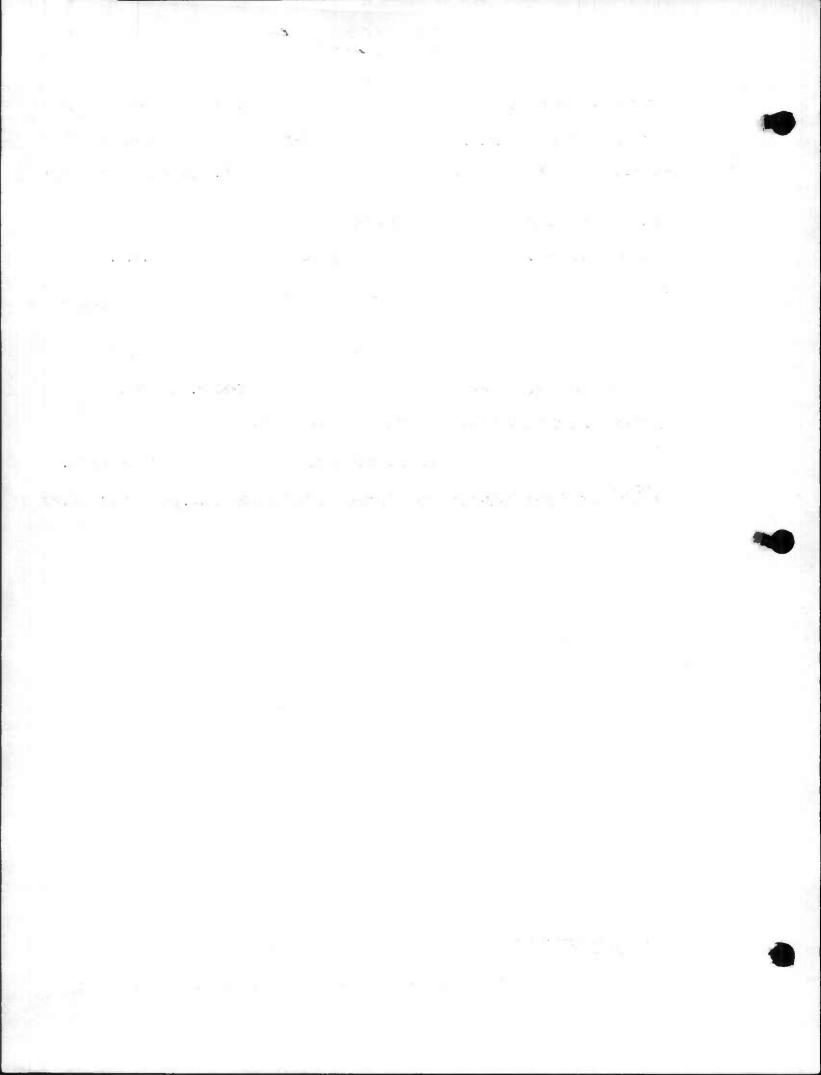
State of Maryland / Department of Health and Mental Hygiene

						Certi	ificate of	Death)	F	leg. No.		
г			1. Decedent's Neme (First, Middle, L.	ast)						2. Dete of Dea	ith	.000	3. Time of Death
	Physic /Medi		Beatrice Mar	ry Voss						March	Day 12,19	Year 9 9 7	6:40 PM
	Exami		4a. Facility Neme (If not institution, gi	ve street end number)				4b. City, To	own, or Lo	ocation of Death			0.10 111
			Annapolis Nur	sing Reha	ab.Cen	ter,	Inc.	Anna	apol	is	Anne	a Ar	undel
	Funeral				(In yrs. last birt		If Under 1 Yee		24 Hrs.	8. Dete of Birth (Month, Dey	Year	9. Birthp	place (Stete or Foraign
П	Director		391-05-7217	1□ M 2½X 8	37	Yrs.	Months Days	nours					consin
Т	p ,	1	Usual Residence of Decedent		40 Oh T		.,			0.017	7.705		
	aryla ehov	<u>.</u>	10a. State 10b. County		10c. City, Towr							11	10d. inside City Limits
	N e W	Sch		Anne's	Gras	onvi	iire						1 ☐ Yes XXNo
	\$ 5 g	吉	10e. Street end Number				10f. Zip Code				log. Citizen of \	What Coun	ntry?
	23a	la	6 Greenwood Sh	noales			216	38			U.S.Z	A .	
	er de	Funeral Director	11. Maritai Stetus	12. Wes Decedent Ev Armed Forces?	ver in U,S.	13. Was	s Decedent of es, specify Cul	Hispanic Or ban, Mexica	igin? (Spen, Puerto	ecify Yes or No- Rican, etc.)	14. Rac Bie	a - Americ ck, White,	
20	s efter	by F	1 Never Married 2 Married	1 Tes 2 No			Yes 25Ne				Specify		ite
8	ural'		3. Widowed 4 □ Divorced	Yeer or Detes:	1.25	6						*****	
21215-0020	be filed within 72 hours efter deeth with the Maryland lel Hyglene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	Completed	15. Decedent's E (Specify only highest gr	ade completed)	16a.	(Giva kin	nt's Usuel Occu nd of work done NOT use retin	e durina mos	st of worki	ing	16b. Kind of B		
12	withi Bne. Then	P P	Elementery/Secondary (0-12)	Coilege (1-4or 5+			rn own	,			Rest	aura	nt/Bar
0	filed Hygid The Th	ŏ	17. Fether's Name (First, Middle, Las.	<u>4</u>				_	er's Name	e (First, Middle,	Maiden Sumen	ne)	
an	d be so o o o o o o o o o o o o o o o o o o	o Be	Charles Jacket	F.t						n Stei			
Maryland	should nd Men marks	2	19a. Informant's Name/Ralationship		19b.	Malling A	Address (Stree			al Route Numbe			Code)
	C1 a 2 a		Charles B. Vos										Md. 21638
ē,	Heer term		20a. Method of Disposition	(/	20b. Piaca of	Dispositi	ion (Neme of	No.	Ţ	Dete	20c. Location -	City or To	own, State
Baltimore,	permit. Peges 1 end Depertment of Heelth Important: If item 27 any injury or other to once.		MDBurial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci				tory or other ple	[v]	arch	22,19	997 V	illa	ge of
Ē	permit. Peg Depertment Important: It any Injury o		21. Signeture of Funeral Servica Ligarity		DA	RIE	Neme end Addr	lemet.	ery_		Darie	n, W	isc.
B	permit. Depertuimporta any inju					Ne	awn a m	Fune	" Fe ral	llows,	ьи	enbe.	in &
	_		23e. Pert1. Enter the disease, or con shock, or haart feilure. List only	noting that coursed to	ha dooth Do n	106	Shamr	ock	Rd.,	Chest	er, Mo		Annaulmata
Ų.	Discontations		shock, or haart feilure. List only	one cause on each line).	iot eillei t	ine mode or dy	mig, such es	cardiac	or respiratory em	9 51,		Approximete Interval Between Onset and Death
j.	Physician /Medical		Immediate Cause (Final	1/		-	1	//	1				1 0
	Examiner		disease or condition resulting in deeth)	· 76	aM		Tal	ly				1	1 gray
		ē		1-0	ue to (or as a c	consequer	noe on	De		12.00	200	ĺ.	1
	uted d ansit	Examiner		b. 60%	gna	ry	wy	TU	94	1500	NE	N	confyear
Ć,	erificate be executed ling physician end e es the burlel-transit	Exa	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	U	ue to (or as a o	Congequer	nce or):		l			- 1	/
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ŏ	andin use	M/ut		d									
œ.	The law requires that the death coate hes been signed by the ettend page 2 should be deteched for us	Physician/	Pert ii. Other eignificant conditions	contributing to death but	not resulting in	the unde	ertving cause g	iven in Pert		23b. Did to	obacco use co	ntribute to	o the cause of death?
0	t the by th teche	hy		•			,,						bably 420nknown
	s the	by F											
Division of Vital Records,	v require been sig should b									24e. Wes e		24b. We	ere eutopsy findings allable prior to
000	w re s bee	ojet								perior	meur	COL	mpletion of cause deeth?
Ä	he law e hes age 2	Completed								1 D Y	as 2 No		☐Yes 2☐ No
ta		Be C	25. Was case referred to medical					28 Place	a of Death	Check only or	, ,		3.00 20.10
>	Attending Physician: The I ar death. ector: After this certificate he by the funeral director, page	To B	axaminar? 1 ☐ Yes 2 ② No	Hospitel:	2 ER/Out	tnatient	3 DOA O	ther		me 5 Reside		er (Specifi	iv)
0	5 5 6		27. Manner of Death	26a. Date of Injury	28b. T	lma of	28c. Inju			28d. Describe h			,,
0	ath.	atio	1 Naturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey	rear) in	njury		onk?]Yes 2∐	No				
N S	Attendi	ific	3 ☐ Sulcide 6 ☐ Could not be datarmined	289. Place of injury	y - At home, far	rm, street,	, factory, office		1			er or Rure	al Routa Number,
ā	s efter	Certification:	4 Homolog	building, etc.	(Specify)					City or Tow	n, State)		
	To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: After completely filled in by the funer		29a. Certifier 1 Certifying Pt	hyeiclan: To the best of	my knowledga,	daath oc	currad at tha t	ime, date er	nd piaca, a	and due to the c	ause(s) end ma	inner as st	tated.
	he H in 24 he Fi	edical	one)	miner: On the basis of e end manner state	ed.	vor invest	tigation, in my	opinion, dae	occurr	ed at the time, d	ete end placa,	and due to) the ceuse(s)
	Vith To t	Σ	29b. Signature and titlerol coeffice	// (29c. Licen	ise number	, –	2	9d. Date signe	d (Month, I	Dey, Year)
			Krain	VIII	1	>	DO	5	19	2	Marcl	n 13	, 1997
			30. Name and addrass of person who	completed cause of dea	ith (Item 23a) (Type, Prir	nt)	- 1					
			Richard I. Ho	ochman, M	.D.; 1	833-	-A For	rest	Dr.	Anna	polis	, Md	•
	Sta		31. Date filed (Month, Day, Year)	32. Registrar	s Signature								
	Registr	ar	MAR 1 4 199	1/ 9. ian	avidson-1	ander	2						



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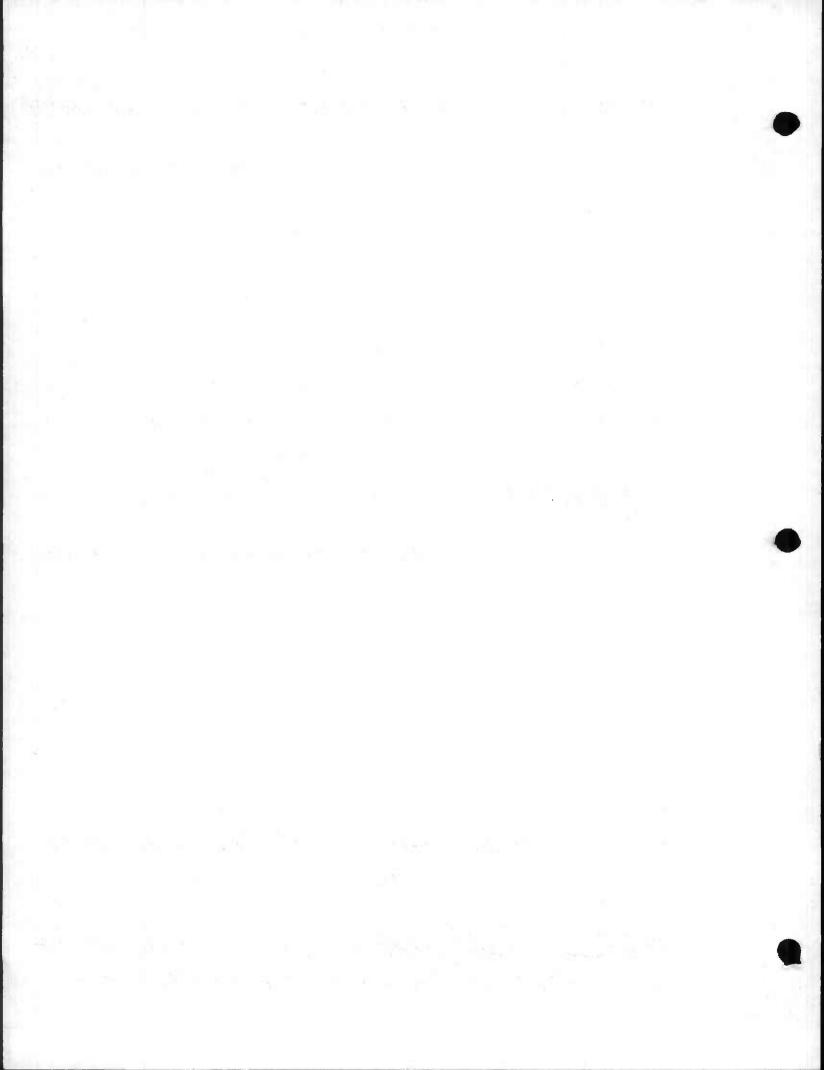
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/Medic		FRANCISCO JAV						MARCH		997	7:00 PM	
Examin	er	4e. Fecility Neme (If not institution, g	The second of the second				4b. City, Town, o	r Location of Deet	th 4c. County	of Death		
		CLINICAL CENT				Will I d	BETHES			NTGOME		
Funeral Director		5. Sociel Security Number 6. 616-86-8741 Usuel Residence of Decedent	Sex 7. Ag	e (In yrs.	lest birthdey) Yrs.	If Under 1 Months	Yeer if Under 24 Hi Deys Hours Mi	n. (Month, D	rth ey, Year) 9,1995		ce (Stete or Foreign) IFORNIA	
anylend ahow	Director	10e. Stete 10b. County	y, Town or Loca					10d. Inside City Limits 1 1 Yes 2 □ No				
Se-f		CA. SANTA CI	ARA		SAN							
No.		10e. Street end Number				10f. Zip (Code		10g. Citizen of	Whet Country	17	
eth v	rai	1222 PALM	ST.				95110			5.A.		
s 1 and 2 should be filed within 72 hours efter deeth with the Maryland femalth and Mentel Hygiene. The Tile marked other than "natural", or frems 28s or 28s-f show other traumatic event, the Medical Examines must be incitied at	by Funeral	11. Meritel Status 1 ☒ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 4 If Yes, Give Yeer or Detes:				nt of Hispanic Origin? y Cuben, Mexican, Pue □ No Specify: M⊖		Specif	ca - Americar ck, White, etc y: H.T		
2 ho	bel	15. Decedent's l	Education		16e. Decede	nt's Usuel	Occupation		16b. Kind of B			
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Ald by fenter the district the	ToE	FRANCIS	Javier Veyna :	A Sr.			JE	NNIFER A	. FREE	MYERS		
nd 2 should be file th and Mental Hy 17 is marked other traumatic event		19e. Informent's Neme/Reletionship	(Type, Print)		19b. Melling	Address (Street and Number or I		-		ode)	
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mit. Peges 1 er partment of Hea portant: If Item y Injury or other		1 M Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec			AK HILL			3/21/97	CAN	TOCK	C) A	
artm orta		21. Signature of Funeral Service Lib		- Co			Address of Fecility		SAN	JOSE,	CA.	
permit. Departrimports any inje		Malleka	when til									
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leath ette d for	Physician/N	Pert II. Other significant conditions	contribution to death b		ulaine le abecued		on show is Book I	anh Did	tahaasa waa sa		ha nation of death	
that the de ed by the e detached t	hys	rettii, other significant conditions	contributing to death b	ut not resi	uiting in the und	eriying cai	ise given in Pert I.		Yee 2 No		he cause of death bly 4 ☐ Unknov	
as that igned b	by P							_ '	100 222,140	3 Probe	by + Olikhor	
The lew requires that the death cer tite hes been signed by the ettendir page 2 should be detached for use	Completed b			24e. Wes en eutopsy performed? 24b. Were autopsy findir eveileble prior to completion of cause of death?								
The lew sate hes page 2	E							10	Yes .2 No	10	Yes 2□No	
	BeC	25. Was case referred to medical					28 Place of D	eeth (Check only	,		20,10	
s certific director,	ToB	examiner?	Hospitel:	nt 2 🗆	ER/Outpatient	3□ DOA	Othor	Home 5 □ Res		and (Consider)		
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ding th. After fune		Neturel 5 Pending 2 Accident investigation		(Month, Dey Year)		М	Work? 1 ☐ Yes 2 ☐ No					
Hospital or Attending Physician: 24 hours aftar death. Funeral Director: After this certificately filled in by the funeral director,		3 Suicide 6 Could not determine	ome, farm, stree	t, fectory,								
To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical (29e. Certifier 1次 Certifying P (Check only one)	hyeiclan: To the best of minar: On the basis of end menner sto	exemine	wiedge, deeth o tion end/or inves	ccurred et stigetion, i	the time, dete end plea my oplnion, deeth oc	ce, end due to the curred et the time,	ceuse(s) end me dete end plece,	enner es stet end due to ti	ed. ne cause(s)	
To the within 2 To the comple	ž	29b. Signature and title of certifier				29c.	License number		29d. Date signe	d (Month, De	y, Year)	
		1/					Res 00	00	3-1	7 - 9	7	
	-	30. Neme end eddress ot person who	completed cause of d	eeth (item	23a) (Type Pr		,		/	, /	,	
		Cothocine	A Me	4								
		31. Dete filed (Month, Dey, Year)	32. Registr	ar's Siana	1 9000_	ROCKI	ILLE PIKE,	BETHESDA	,MARYLAI	ND_208	92	
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State of Maryland / Department of Health and Mental Hygiene

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Physicia /Medic		AND	REW			VAL	UCH	EK	V.	MARCO	1/15	Q'Z	23:40	
Examin			(If not institution, g		ım <i>ber)</i>			1	own, or Loca	tion of Death	4c. Count	1		
	•	9600	River Roa	ad				P	otoma	С	Mo	ontgor	nery	
Funeral		5. Social Security	Number 6.	Sex	7. Age (In y	rs. lest birthdey)	If Under 1 Ye		24 Hrs. 8	. Date of Birth	1	9. Birthp	place (Stete or Fore	
urs efter death with the Maryland in the weryland in the set of 28e f show an examiner must be notified at the set of the		057-07-9553		1⊠M 2□F	85	Yrs.	Months Da	ys Hours	Min.	ov. 20	, Year) 1911	9. Birthplace (Stete or Foreig Country) Pennsylvania		
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	Director	10a. Stete	10b. County		10c. City, Town or Location							1	Od. Inside City Lim	
		MD Montgomery Potomac										1 🖾 Yes 2 🗍 I		
		10e. Street and No	umber		10f. Zip Cod	le		1	IOa. Citizen of	g. Citizen of What Country?				
	₫	9600 Riv	er Road		20854			U.S.A.						
	Be Completed by Funeral	11. Maritel Status		0.0.11.						can indian				
		11. Maritel Status 12. Was Decedent Eve Armed Forces? 1 ■ Never Merried 2 ■ Marrled 12. Was Decedent Eve Armed Forces?			orces?	in U,S. 13. Was Decedent of Hispenic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.)					Ble	Bleck, White, etc.		
		3₺ Widowed 4 Divorced Year or Dates:					1 ☐ Yes 2 🙀 1	Whit	te Specify: White					
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s 1 end 2 should be filed f Heeith and Mental Hyg tem 27 is marked othe other traumatic event,			Name/Relationship				ng Address (Str				-	, State, Zip	Code)	
er tr		Richard	Clark So	on-in-la	aw	950 S	mith Ro	ad, Mil	ll Val	ley CA	94941			
permit. Pages 1 en Depertment of Heel Important: If Item 2 any Injury or other ance.		20e. Method of Dis				o. Place of Dispo	sition (Neme or natory or other	f nleca)			20c. Location	- City or To	own, State	
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						Certifi	cate of	Death		Reg. No.		. 000			
ľ	Dhunin		1. Decedent's Name (First, Middle, La	st)			7.7	11-	2. Dete of De Month	eeth	Vace	3. Tima of Deeth			
	Physic /Medi			Edna Ma	e Nor	beck	wrı	.ght	Marc	h 5 1	997	7:00PM			
þ	Exami		4e. Fecility Nama (If not institution, give	a street end number)				4b. City, Town, or	Location of Dee	th 4c. County	y of Deeth				
			The Memorial					Easto			lbot				
	Funeral Director		210-30-0303	DM 2535	In yrs. last birt		Indar 1 Yaa nths Days		(Month, D			plece (State or Foreign htry) Jersey			
	and w		Usual Residence of Decedent 10a. Stete 10b. County	1	0c. City, Town	or Location	n				1	Od. Insida City Limits			
	he Maryl 8a-f eho	Director	Md. Queen A			sonvi	lle					1 ☐ Yes 2XXXo			
	ter death with the Marylan Items 23a or 28a-f show		3801 Main Stree	et		10	f. Zip Code	21638		10g. Citizan of U.S.		itry?			
020	g 6	by Funeral	11. Marital Status 1 □ Never Married 2 Narried 3 □ Widowed 4 □ Divorcad	12. Was Decedant Ev- Armed Forces? 1 ☐ Yes ♀ No If Yes, Give Year or Detes:		If Yes	, specify Cul	Hispenic Orlgin? (S ban, Mexican, Puer o Specify:	specify Yes or Note Rican, etc.)		ck, White,	ean Indien, etc. nite			
5-0	72 hours "natural",	etec	15. Decedent's Ed (Spacify only highest gre	lucation de completed)	16a.	Decedent's	Usuei Occu	pation during most of wo	rkina	16b. Kind of B	lusiness/in	dustry			
2121	d within giene. r than	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)	I		ot use retiri naker	a during most of wo							
Maryland 21215-0020	should be filed and Mental Hygis s marked other umatic event, ti	To Be C	17. Father's Nama <i>(First, Middle, Last)</i> Thomas Edward					18. Mother's Nat Ella Pa		, Maiden Sumer	na)				
	47 F G		19e. Informent's Name/Relationship (1 Frank Lloyd Wr:	Type, Print) Husbi ight	and 19b.			st., Gr							
nore	Pages 1 an nent of Heal int: if item 2 iry or other		20e. Method of Disposition 1 ☑ Surial 2 ☐ Cremation 3 ☐		20b. Plece of cemeter	Disposition y, cremator	(Name of or other pla	ace) Marc	Dete n 8,199	20c. Location	- City or To	own, Stata			
Baltimore,	permit. Pa Departmen important: any injury once.		4 Donetion 5 Other (Specify 21. Signeture of Juneral Servica Lican			New	ne and Addr	emetery ess of Fecility Fo Funeral	Home,	P.A.	enbe:				
			23a. Part1. Enter the disaasa, or comp shock, or heart failure. List only	plications that caused the cause on each lina.	e death. Do n	ot enter the	snam mode of dy	rock Rd ing, such as cardia	or respiratory	ster, Perrast,	da.	Approximete Intervel Betwaen Onset end Death			
) .	Physician /Medical		fmmediate Ceuse (Final		-	. /				2					
	Examiner	Н	diseese or condition resulting in death)	e. Cor	reger	w	6	tear		alu	re	3 days			
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	secuted and Il-transi	Examiner	Sequentially list conditions, if env. leading to immediate	b	a to (or as a c	onsequenc	a of):								
68760,	s be a slcian buria		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet Initieted events	c											
×	eath certificate be axecuted attending physician and for usa as the burial-transit	n/Medicai	resulting In deeth) Lest	d	onsequence	of):				1					
Bo.	that the death led by the atter detached for u	Physician/	Pert II. Other eignificant conditione co	ontributing to death but r	not resulting in	the underly	ing cause o	lven in Pert I	23h Did	tohacco use co	ntribute to	the cause of death?			
P.O.	t the by the	hys		and a death but	or rooming in	tria arraorry	ing occaso g	WONTHIT OIL I.		Yes 2□ No		bably 4 Unknown			
	es tha igned be de	by F					_								
Division of Vital Records,	requir been s should	Completed								an autopsy ormed?	av co	era autopsy findings eilable prior to mpletion of cause death?			
æ	The lay ata has page 2	E							10	Yes 2 No	10	☐Yes 2☐ No			
a		Bec	25. Was case refarred to medical					26. Piece of Dec	eth (Check only						
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o uoi	Attending Physician: Ir death. ector: Aftar this certific by the funeral director,		27. Menner of Deeth 1 Naturel 2 Accident 1 Pending Investigation	28e. Dete of Injury (Month, Dey Y	ear) 28b. Ti	ime of jury M	28c. Inju Wo			how injury occur					
Divis	7 # = C	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Pleca of Injury building, etc. (- At home, far Specify)	m, street, fe	octory, office		28f. Location (City or To		ber or Rure	of Route Number,			
	To the Hospital or Attending Ph within 24 hours aftar death. To the Funeral Director: Aftar th complataly filled in by the funeral	edicai C	29ia. Certifier 10 Certifying Phyone 20 Medical Exam	raician: To the best of n iner: On the basis of ex end menner steted	eminetion end	death occu Vor Investig	rred et the t ation, in my	ima, dete end pleca opinion, deeth occu	, and due to the rred et the time,	cause(s) end modate end placa,	enner es si end due to	leted. the cause(s)			
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			1 Cey) W	m				Mar	. 7,	1997			
			30. Neme end eddress of person while a Ralph E. Libby	y, MD. 2	04 Med	y	Cen	ter Road	d, Gras	sonvill	e, N	1d. 21638			
	Sta Registr		31. Date filed (Month, Day, Year) MAR 0 7	32. Registrar's	Signature Davids	on-Pan	della	£.							
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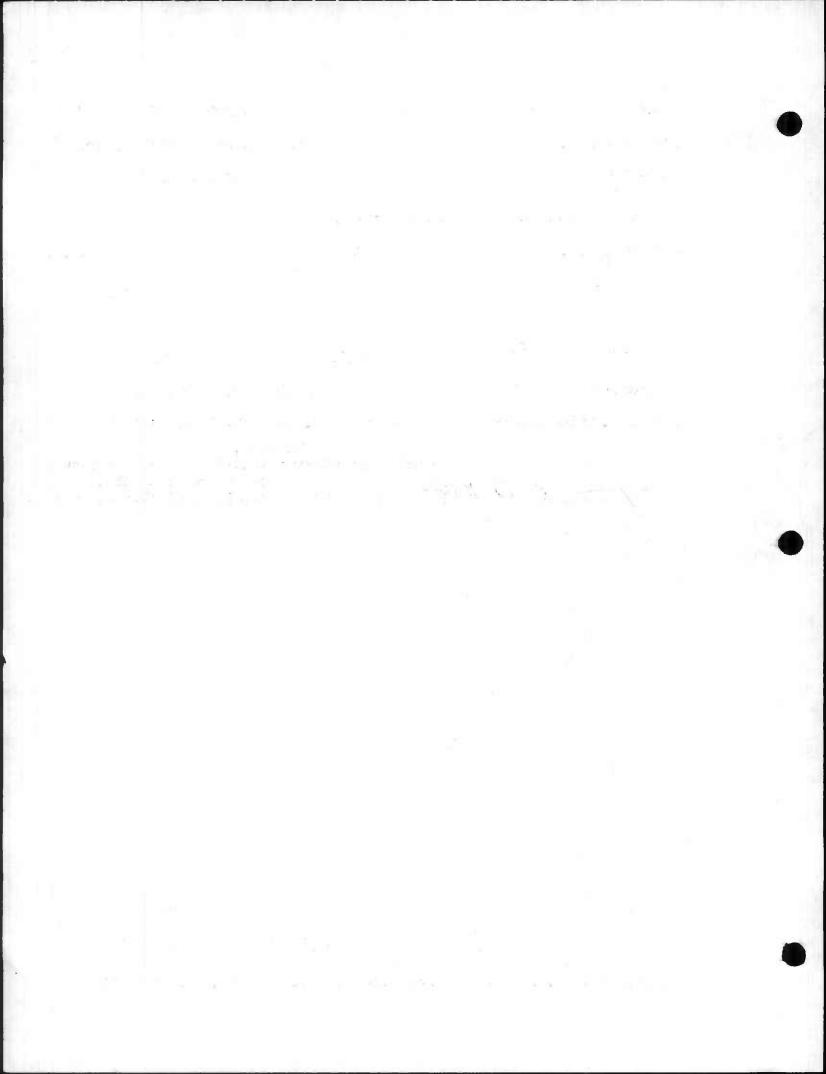
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						Ce	rtificat	te of	Death			Reg. No.						
	Dharata		Decedent's Neme (First, Middle	Last)							2. Dete of De	eth	Maria.	3. Ti	me of Deeth			
	Physic /Med		Marie	Eliza	beth	W	hite				Month			8	3 • 30PM			
1	Exami		4a. Fecility Name (If not institution,				21200		4b. City, To	wn, or Lo	ocation of Deeth	Dey Yeer Ch 24,1997 R: 30PM Prince George's Sighth Ac. County of Deeth Prince George's Sighth Specify: 10d. Inside City Limit 1 Yes 2 No. 10g. Citizen of Whet Country? U.S.A. 10g. Citizen of Whet Country? U.S.A. 10g. Citizen of Whet Country? U.S.A. 11d. Race - Amarican Indien, Black, White, etc. Specify: 11sb. Kind of Business/Industry Home Iddia, Meiden Surneme) Wallace Imber, City or Town, Stete, Zip Code) Doro, Md 20772 20c. Location - City or Town, Stete 10g. Citizen of Whet Country? Cheltenham, Marylan Iddia, Meiden Surneme) Wallace Imper, City or Town, Stete, Zip Code) Doro, Md 20772 20c. Location - City or Town, Stete 10g. City or Town, Stete, Zip Code) Doro, Md 20772 20c. Location - City or Town, Stete 10g. City or Town, Stete, Zip Code) Doro, Md 20772 20c. Location - City or Town, Stete 10g. City or Town, Stete, Zip Code) Doro, Md 20772 20c. Location - City or Town, Stete 10g. City or Town, Stete, Zip Code) Doro, Md 20772 20c. Location - City or Town, Stete 21g. Cheltenham, Marylan 10g. Citizen of Whet Country? 10d. Inside City Limit 10g. City Limit 10g. Citizen of Whet Country? U.S.A. 10g. Citizen of Whet Country? 10d. Inside City Limit 10g. City Limit			/. JOIT			
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	23a or	Funeral Director	8202 Mathew Ct	•			10f. Ziş	207°	72			10g. Citizen of	Whet Coun		S.A.			
21215-0020	within 72 hours after death with the Maryland ene. than "natural", or liams 23e or 28a-f show he Medical Examiner must be notified at	þ	11. Marital Stetus 1 Never Married 2 Marrie 3 Widowed 4 Divorced	Armed F	2 ⊡ N o ive		Was Dace if Yes, spe 1 ☐ Yes	cify Cut	an, Mexicar	gin? (Spi n, Puerto	ecify Yes or No- Rican, etc.)	Bia	ack, White,	etc.	an,			
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K	certi oding	3		d										8:30PM ref Deeth Ce George's 9. Birthplace (Stete or Foraign Country) New Jersey 10d. Inside City Limits 1				
0	death e etter	Physician											i					
5	the d	ysi	Pert II. Other significant condition	s contributing to d	eath but not r	esulting in the u	inderlying c	euse gi	van in Part I.		23b. Dld t	obacco use co	ontribute to	the car	use of death?			
, r.	v requiras that the death been signed by the etter should be detached for	by Ph	<u>Carci</u>	roma	07	Brea	487				101	fes 2□ No	3 Prob	ably	4 Onknown			
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5	s at a de de de de de de de de de de de de de	Ser		Duna	ing, etc. (Spe	cny)					Oily of You	n, Sietej						
	To the Hospital or Attend within 24 hours after deet! To the Funeral Director: , complately filled in by the	edicai	29a. Certifier 1 Certifying (Check only 2 Medical Ex	Physician: To the	best of my k	nowledge, deeth	occurred	et the ti	me, dete end	d plece, e	and due to the c	euse(s) end m	anner es st	eted.	una (n)			
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				PA				DC	164	18		3-2	5-97					
			30. Name and address of person wi	o completed ceus	se of deeth (It	em 23a) (Type.	Print)											
			Suresh Patel					Sui	te 30	2 C1	inton.	Marvlar	nd 207	35				
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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey **Physician** Month Edward Winfrey Dewey March 23, 1997 1:07 PM /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Clinton Southern Maryland Hosptial Prince George's 5. Social Sacurity Number If Undar 1 Yaar | If Undar 24 Hrs. Birthpleca (Steta or Foreign Country) 7. Aga (In yrs. lest birthday) **Funeral** 1**XX**M 2□ F Deys Hours 68 235-42-6970 Yrs. Director Nov 14, 1928 West Virginia Usuei Residence of Decedent the Marylend 10a, Stete 10b. County 10c, City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Maxical Examiner must be notified at Maryland 1 YesXXXXNo Temple Hills Director Prince George's 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 72 hours after death with 5010 Thuman Drive 20748 United States Funeral 12. Was Decedent Ever in U,S.
Agned Forces?

11 Yas 2 □ No
If Yes, Give
Yaar or Datas: Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) Race - Amaricen Indien, Black, Whita, atc. 1 Never Married 2 Married 1 Yas 2 No Baltimore, Maryland 21215-0020 Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grade completed) permit. Peges 1 and 2 should be filed within: Department of Health and Mentel hygiens. Important: If Item 27 is marked other than "n any injury or other traumetic event, the Med Elementary/Secondary (0-12) College (1-4or 5+) 12 Automobile Mechanic Automobile 17. Fether's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Melden Sumema) Be John S. Winfrey 0 Osie Bennett 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 5010 Thuman Drive, Temple Hills, Md 20748 Helen L. Winfrey 20a. Method of Disposition 20b. Place of Disposition (Nema of cemetery, crametory or other place) March 27 Pate 997 20c. Location - City or Town, Stata Buriai 2 Cramation 3 Removel from Steta 4 ☐ Donetion 5 ☐ Other (Specify) Cheltenham, Maryland Maryland Veterans Cemetery 21. Signetura of Funerei Service Licansee 22. Name and Address of Feellity Lee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Md 20735 23e. Part / Enter the diseasa, or complications that county the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each in a. Approximate Intervel Between Onset and Deeth **Physician** /Medical immediete Ceuse (Finai ASCAD diseesa or condition resulting in deeth) Examiner Due to (or as a consequence of) Examiner buriel-transit that the deeth certificate be executed Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In death) Last and Due to (or es a consequence of): ettending physician for use es the burie Box 68760. Physician/Medical Due to (or as e consequence of): signed by the el Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24a. Was en autopsy performed? Completed peed 2 No certificate 2 No Division of Vital Attending Physician: Be 25. Wes case referred to medicel 26. Place of Deeth (Check only one) exeminer? Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 DOA 1 Yes 2 No 2 this funeral 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: After 5 Pending Investigation 1 Neturel Injury i or Attending setter death. I Director: Aft To the Hospital or Attendin within 24 hours efter death. To the Funeral Director: Af completely filled in by the fu 1 ☐ Yas 2 ☐ No 2 Accident 14/4 MA 40 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide edical 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) end manner as stated. 29a. Certifier 2 Medical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, deeth occurred et tha time, data and placa, end due to the ceuse(s) and manner yielded. 29b, Signature and title of confide 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name end eddress of person why completed ceuse of deeth (Item 23e) (Type, Print) mo 20002 was and 019 31. Dete filed (Month, Dey, Yeer) 32. Registrates Signature Randall State MAR 2 6 Registrar

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	dand w		Usual Residence of Dec 10a. State 10b	cedent c. County		10c. City,	Town or Loc	ation				10d. Inside City Limits
	Many m-f ah	tor	MD C	Carroll		West	minst	er				1 ☐ Yes 2 No
	or 28	Director	10e. Street and Number					10f. Zip Code			10g. Citizen o	f What Country?
	ath w		200 St. Lu					21158			United	States
07/	n 72 hours after death with the Maryland "natural", or items 23a or 28a-f ahow adjust Examiner must be notified at	by Funeral	11. Marital Stetus 1 Never Married 32 Widowed 4	2 Married	 Was Decedent E Armed Forces? 1 ☐ Yes 2 Notes If Yes, Give Year or Dates: 		If	/as Decedent of Yes, specify Cu ☐ Yes 2 2 No	ban, Mexican, Pu	(Specify Yes or I lerto Rican, etc.)		ace - American Indian, lack, White, etc.
2-0020	2 hours		15.	Decedent's Educ	ation		16a. Deced	ent's Usual Occi	upetion		16b. Kind of	Business/industry
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yland	be filed tal Hygid of other	Bec	17. Father's Neme (First	, Middle, Last)					18. Mother's h	Name (First, Midd	le, Maiden Suma	ame)
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2	permit. Pages 1 and 2 should by Department of Health and Menta Important: If Nem 27 Is marked any injury or other traumatic es once.		19a. Informant's Name/f		e, Print)							n, State, Zip Code)
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altimor	ent of ent of nt: If It		1 Burial 2 Cre 4 Donetion 5 D		moval from State							
=	ortar injur		21. Signature of Funeral)	Carr		remation Name end Add	ann of Contille	Mar. 22,		Hampstead, MD
Õ	Deparimon any ir		- July	1. 16	Penas					1212 W.	•	uneral Directors
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	/Medical Examiner	er	Immediete Cause (Finel disease or condition resulting In deeth)	a.	A275		as a consequ		PANANT L	1Asser as	かりまり	5 10 Yan
5	te be axecuted ysician and ne burial-transit	Examiner	Sequentially list condition if any, leading to immedicause. Enter Underlying	ons, jate		Due to (or e	es a consequ	enca of):				
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	v requiras that the death certificate been signed by the attanding phy should be detached for use as th	y Physician/M	Part II. Other algnificant		Ibuting to death bu		ing in the un	derlying cause g	iven in Part I.		d tobacco use c	ontributa to the cause of death? 3 Probably 4 Unknown
2000	The law requiras that the death certificate ate has been signed by the attanding physipage 2 should be detached for use as the	Completed by	-							24e. We	es en autopsy formed?	24b. Were eutopsy findings available prior to completion of cause of death?
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	To the Hospital or Attending Phys within 24 hours after death. To the Funeral Director After this completely filled in by the funeral di	edicai C	29a. Certifier (Check only one)	Certifying Physic Madicat Examine	clan: To the best of or: On the basis of and manner stat	examinatio	edge, death n end/or Inve	occurred at the testigation, in my	lme, date and ple opinion, death o	ece, end due to the courred at the time	e cause(s) and n	nenner as steted. o, and due to the cause(s)
	Vott Vott Comp	Ž	29b. Signature end title o	21				29c. Licen	se number			ed (Month, Day, Year)
			Hend	295	ulem ,			DI	7040		3/20/9	7
			30. Name and address of			eth (Item 2	(2a) (Timo P	rint\				

State Registrar

HONARD 6. LANHAM 215WAST. NOTON HOTO MODICATE WASTANDED MO 31. Date filed (Month, Pax, Year) MAR 26 1997 32. Registrar's Signeture

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 | 0365

Physician /Medical Examiner 4a. Fecility Name (If not institution, give street end number) 513 Harrington Rd. Funeral Director Funeral Director 100. Stete 100. County Fig. 100. City, Town or Location Month March 22 1997 4b. City, Town, or Location of Deeth Ac. County of Deeth	Indien,			
## Social Security Name (if not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 4c. Co	e (State or Foreig Carolin Inside City Limit 1 □ Yes 2⊠ N			
Funeral Director Funeral Dire	Carolin Inside City Limit 1□ Yes 2☒ N 7			
5. Social Security Number 6. Sex 1 Months 1 Mon	Carolin Inside City Limit 1□ Yes 2☒ N 7			
Director 218-40-1284 1 M 2 M F 73 Yrs. Months Deys Hours Min. (Month, Dey, Year) Country) Nov 30 1923 North Usual Residence of Decedent 10e. Stete 10b. County MD Cecil Rising Sun 10e. Street end Number 513 Harrington Rd. 11. Meritel Status 1 Meritel Status 1 Never Merried 2 Married 3 Merited 2 Married 3 Merited 4 Divorced 10e. Street end Number 11. Meritel Status 12. Was Decedent Ever in U.S. Armed Forces? 11 Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Yes, Specify: White	Carolin Inside City Limit 1□ Yes 2☒ N 7			
10e. Steel 10b. County 10c. City, Town or Location 10d. If	1 □ Yes 2⊠ N			
MD Cecil Rising Sun 10e. Street end Number 513 Harrington Rd. 11. Meritel Status 12. Was Decedent Ever in U,S. Armed Forces? 11. Never Merried 2 Married 12. Was Decedent Ever in U,S. Armed Forces? 12. Was Decedent of Hispenic Origin? (Specify Yes or No-lif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American In Hispenic Origin? (Specify Yes or No-lif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working	Indien,			
10e. Street end Number 513 Harrington Rd. 10f. Zip Code 21911 USA 11. Meritel Status 1 Never Merried 2 Married 3 \ Midowed 4 \ Divorced 15. Decadent's Education (Specify only highest grade completed) 10f. Zip Code 21911 10g. CitIzen of Whet Country? 21911 11	Indien,			
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e Elementary/Secondary (0-12) College (1-4or 5+)				
Elementary/Secondary (0-12) College (1-4or 5+) 8 Homemaker Home				
17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme)				
Rev. Ezekiel Sexton Mary Jane Welch				
19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code	de)			
17. Fether's Name (First, Middle, Last) Rev. Ezekiel Sexton 19e. Informent's Neme/Relationship (Type, Print) Joanne W. King, Daughter 20a. Method of Disposition 20b. Pleas of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20c. Location - City or Town, St				
20a. Method of Disposition 20b. Pleca of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, S	Stete			
200. Identified a Dispation of				
21. Signature of Funeral Service Licensee 22. Name end Address of Fecility 23. Name end Address of Fecility 24. T. Foard Funeral Home. P.A.				
22. Name end Address of Fecility R. T. Foard Funeral Home, P.A.				
111 S Queen St. Rising Sun MD 21911				
anock, or heart facure. List only one cause on each line.	proximete ervel Between aset end Deeth			
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Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest b. Due to (or es e consequence of): C. Due to (or es e consequence of): Due to (or es e consequence of): d.	y			
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Section of Destination 200. Describe now injury occurred 200.				
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2 Accident Investigation M 1 Yes 2 No 3 Suicide Suicide	rato realizor,			
29a. Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, end due to the cause(s) end menner es steted. 29a. Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, end due to the cause(s) end menner es steted. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Value)	d. ceuse(s)			
State of the stat	, Year)			
	004823 3/24/97			
30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)				
0 41-Chih H34 miD. 223 W. Main 31 Elicton, m.D. 21-	921			
State 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture				
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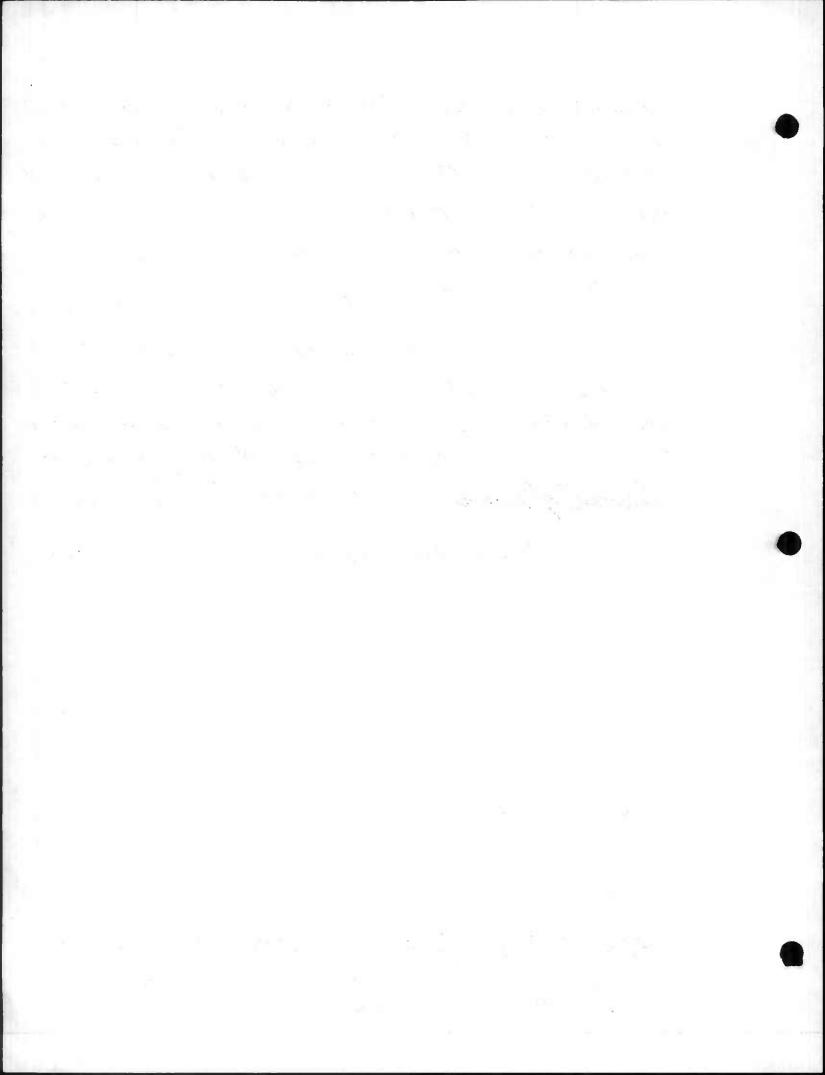
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				otate of Marylane	Certificate of			og. No.	/ 1	0300	
	X-market		1. Decedent's Name (First, Middle, Las	"			2. Dete of Deat	1		3. Time of Deeth	
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1			Johns Hop	Kins Hosp	ital	BaltiMo	Re	Balti	More	City	
Т	Funeral	Г	5. Social Security Number 6. Se	7. Age (In yrs. la	Months Days		8. Date of Birth (Month, Day,			ce (Stete or Foreign	
1	Director		2/2-01-2/28 Usual Residence of Decedent	M 2□ F 81	Yrs.	Tiodis Will.	JANUAR		o WI	Sconsin	
	puel m		10a. State 10b. County		Town or Location				10d	I. Inside City Limits	
	filed within 72 hours efter deeth with the Maryland Hygiene. ther than "natural", or Items 23a or 28a-f show ont, the Medical Examiner must be notified at	tor	Md. Ceci	il E	IKton					1 ☐ Yes 2 XNo	
	r 28a	Funeral Director	10e. Street end Number		10f. Zip Code		10	g. Citizen of V	Vhet Country	17	
	h wit	D D	288 (Nee	d have	2	1921		11.	S. A.		
	dee The	ner	11. Maritel Status	12. Was Decedent Ever in U,S	If Vac consily Cul	Hispanic Origin? (S	pecify Yes or No-		a - American		
0	or its	Fu	1 Never Married 2 Married	17 Voc 2 No . Ca.	/ V		o mican, etc.)		k, White, etc	. /	
200	ours Frail,	d by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates: WW	Z 15 165 27 110	эреспу.		Specify	wh	ite	
21215-0020	72 hours efter dee "neturel", or flems edicel Examinet ne	Completed	15. Decedent's Edu (Specify only highest grad	lication fe completed)	16a. Decedent's Usuel Occu (Give kind of work done life. DO NOT use retin	petion during most of wor	king	6b. Kind of Bu	usiness/Indus	stry	
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	filed withi Hygiene. other then		17. Fether's Name (First, Middle, Last)		Commac		ne (First, Middle, N	talden Sumam	(0)	0	
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9	other tr		20a. Method of Disposition	20b. Pie	aca of Disposition (Neme of		1	20c. Location -	City or Town	2/92/	
altimore,	Page ment mrt: If		Burial 2 Cremation 3 F	Terriover from State	metery, crematory or other plant of the plan	ace)	3/24/00	26	11:	11 md.	
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ó	exec In en nel-tr		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	D09 t0 (01 t	es a consequence on.				1		
68760,	ifficete be executed g physician end es the buriel-transit	cal	Cause (Disease or Injury that initiated events page 1.5 p								
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	that the deeth ed by the ette detached for	sic	Part II. Other eignificent conditions con	ntributing to death but not result	ting in the underlying cause g	iven in Part I.	23b. Did to	bacco uee coi	ntribute to th	ne cause of death?	
P.0	at the	Phy					1 □ Ye	8 2□ No	3 Probal	bly 45 Unknown	
	signed of be det	by									
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of		은	1 ☐ Yes 2 1 No		Produpetient 3L DOX		ome 5 Reside	nce 6 □Oth	er (Specify)		
n c	e in e	Certification:	27. Manner of Deeth 1 ☑ Naturel 5 ☐ Pending	28e. Date of Injury (Month, Day Year)	28b. Time of lnjury 28c. Inju		28d. Describe ho	w Injury occur	red		
Sig	Attending or death.	cat	2 Accident Investigation 3 Suicide 6 Could not be			Yes 2□No	006 Leasting (Ot		D15		
Division	or Attending after death. Director: After in by the funer	TT.	4 ☐ Homicide determined	building, etc. (Specify)	ne, farm, street, factory, office		28f. Location (Str City or Town		er or Hurei F	loure Number,	
_	pitai ours erai filled		29a. Certifier 1N Certifying Phys	elclan: To the best of my knowl	adas dooth assured at the t	ima data and place	000000000000000000000000000000000000000	(s) and ==			
	24 h 24 h Fun etely	edical		ner: On the basis of examinetic and manner stated.	on end/or investigetion, In my	opinion, deeth occu	rred at the time, da	te and placa,	end due to th	e cause(s)	
	To the Hospital or Attendit within 24 hours after death. To the Funeral Director: All completely filled in by the fu	Me	29b. Singulare and title of certifier	^	29c. Licen	se number	29	d. Date signe	d (Month, Da	y, Year)	
			Alm (V.A.	MO. RES	5-00r) 1	March	20,	1997	
,	10+1VA		30. Name and address of person who co	ompleted cause of death (Item 3					- /		
	10		John C. ISARC,			cod latin	North Wo	Ire Str	eet		
	Sta	ite	31. Date filed (Month, Pay Year) MAR 2 1 1	32. Registrar's Signatu	re 70. 1 M				- (
	Registr	ar	MAK Z 1 I	Jula Dav	idsov-Nanarac						

DHMH 16 Rev 6/95



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State of Maryland / Department of Health and Mental Hygiene 97

							Cer	tificate	of i	Death		F	Reg. No.				
Physicia /Medic		1. Decedent's Name Judit		Last) William:	s							2. Date of Dea Month		Year	3. Tima 5:55	of Death	
Examin		4a. Facility Nama (fi		giva street end nur unty Hos		1						ation of Death	4c. County				
Funeral Director		5. Social Security N 233-34-7	umber 6			(In yrs. last bir	thday) Yrs.	If Under 1 \ Months D		lagerst If Under 24 Hours	Hrs. Min.	8. Date of Birtl (Month, De)	Wash (Year) (5, 1922	9. Birth	nplaca (State	or Foreigi	
Hygiene. ther than "natural", or items 23a or 28a-f show ant, the Medical Examiner must be notified at	'n	Usual Residence of 10a. State	10b. County		1	IOc. City, Tow											
28a-I	Director	Maryland 10e. Street and Num	Washi	ngton		Hage	rst	OWN 10f. Zip Co	de				Ing Citizen of	What Co		263940	
3a or		108 Har	vard Ro	ad				21)			Specify: White 16b. Kind of Business/Industry OWN home it, Middle, Maiden Sumeme) Ve McDonald ite Number, City or Town, Stete, Zip Code) town, Maryland 21740 ta 20c. Location - City or Town, State 24,1997 Williamsport, nnich Funeral Home ., Hagerstown, Maryland				
ai', or frams 23a or 28a-f show Examinet must be notified at	by Funeral	11. Marital Status 1 Never Marri 3 Widowad	ed 2 Marrie	12. Was Dece Armed Fo	rces? 2 🖾 No /e	er in U,S.			f of H Cuba	ispanic Origin n, Mexicen, P	? (Specularity)	cify Yes or No- lican, etc.)	14. Rad Bla	ce - Amer ck, White	, etc.		
jene. r than "natural", or the Medical Exam	Completed	15. Decedent's Education (Specify only highest grade column of the content of the		grade completed) College (1	-4or 5+)		(Give I	OO NOT use r	lone d etired	during most of	workin	g					
le de	Be	17. Father's Nama (First, Middle, La				ho	omemak	er				Maiden Sumer		2		
th end Mer 7 is marke traumatic	2	19a. Informant's Ne				19b	Mallin	n Address (S	treet					State 7	in Code)		
27 is																	
Department of Heelth Important: If item 27 i any injury or other tra		I Durial Z Defination 3 Definition State				20b. Place of cemeter	Dispos y, crem	sition (Name attory or other	of r plec	e)		Data	20c. Location	- City or T	own, State	4 16	
Depart Import any inj once.	102 24,17							Funera gerstov	al Ho	ome Maryla	nd 2						
ysician Medical		shock, or hear Immediate Cause (I diseese or condition	Final												Interval Be Onset and	tween Death	
aminer	ner	resulting in death)	,	0.	Du	e to (or as a	consequ	uence of):					lung				
ian end uriel-transi	Examiner	Sequentially list con if any, leading to im- ceuse. Enter Under Ceuse (Disease or I	nditions, madiata nying			e to (or es a d								1		, mor	
	n/Medicai	that initiated events resulting in death) L		d	Du	a fo (or as a c	fo (or as a consequance of):										
d by the	P	Part II. Other algolfi Infiltra		contributing to de									obacco use co				
as been sign	Completed by										_	24e. Wes a perfor		a	Vere autopsy vallabla prior ompletion of f death?	fo	
page	S					1 ☐ Yes 2 █ No 1 ☐ Yes 2 ☐ No											
ertific	Be	25. Was cese referre examiner?	ed to medical	Hearing!			26. Place of Death (Check only one)										
After this uneral di	on: To	1 ☐ Yes 2 ☑ 1 27. Manner of Deeth 1 ☑ Natural		Hospital: 1 1 In Ir	npatlanf of Injury h, Dey Y												
efter death. Director: After d in by the fune	ertification:	2 Accident 3 Suicide 4 Homicide	Investigat 6 Could not determine	be 28e. Place	of Injury	· At home, fai Specify)	m, stre	et, factory, of		Yes 2□No	28	3f. Location (S City or Town	treet and Numb n, State)	oer or Rui	ral Route Nur	nber,	

To the Hospital or Attending Physician: The law req within 24 hours lefter death.

To the Funeral Director: After this certificate has bee completely filled in by the funeral director, page 2 shot Be Complete Medical Certification: To

March 23, 1997

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

| Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, dete end place, end due to the cause(s) and manner stated. 29a. Certifier

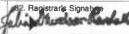
29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

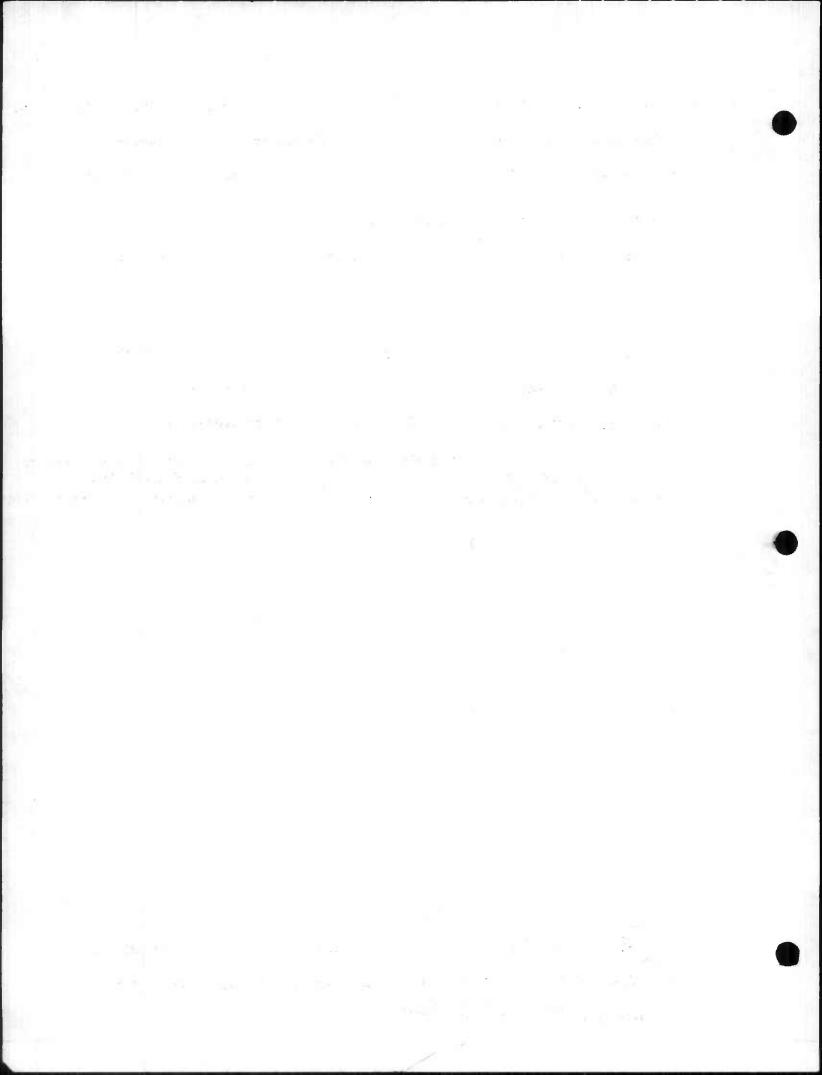
30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

Dr. Edward W. Ditto, III, 217 West Washington Street, Hagerstown, Maryland

D01062

State Registrar 31. Data filad (Month, Day, Year)





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

10368

			Decedent's Neme (First, Middle, La.	261		Cei	tificate of	Death				0.75				
	Physic	ian		nd Webber					Month /	Day	Yeer					
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	Funeral Director			W	75	Yrs.	Months Deys		Apr. 29	,1921	Mary	land				
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	e Me	ctor	Md. Washing	ton	Keed	ysvi	lle					1 ☐ Yes 20 No				
	or 28	Ore	10e. Street and Number				10f. Zip Code			10g. Citizen of	Whet Coun	itry?				
	ath w	ra	3703 Chestnut					756		on of Deeth 4c. County of Death Washington Dete of Birth (Month, Day, Year) Or. 29, 1921 10d. Inside City Light and 10d. Inside City Lig						
0	be filed within 72 hours effer death with the Meryland tal Hygiena. I other than "natural", or itema 23a or 28a-f show event, the Medicial Examinat must be notified at	Funeral Director	11. Maritel Status 1 ☐ Never Married 2 ☐ Married	12. Was Decedent Eve Armed Forces? 1 XYes 2 ☐ No If Yes, Give	r in U,S.			Hispenic Origin? (Spen, Mexican, Puer	Specify Yes or No to Rican, etc.)	Death ocation of Deeth 4c. County of Death Washington 4c. County of Death Washington 8. Dete of Birth (Month, Day, Year) 9. Birthplece (State or Foreign Country) Apr. 29, 1921 Maryland 10d. Inside City Limit 1 Yes 2 N 10g. Citizen of Whet Country? USA 14. Race - American Indien, Bieck, White, etc. Specify White 16b. Kind of Business/Industry Railroad (First, Middle, Meiden Sumeme) Swope 18 Route Number, City or Town, Stete, Zip Code 19 Port, Md. 21562 Dete 20c. Location - City or Town, Stete 28 Knoxville, Md Truneral Home 19 Port 19 Por						
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	and 2 saith er n 27 is											0000)				
re,	f Haalth flem 27 other tr		20e. Method of Disposition		Oh Place	of Dieno	sition (Name of					wn, Stete				
Itimore,	permit. Peges 1 and 2 should be filed within 72 hours effer death with the Merylan Depertment of Haalth end Mentai Hygiena. Depertment of Haalth end Mentai Hygiena. Important: If item 27 is merked other than "natural", or itema 23a or 28a-f show stripiury or other traumatic event, the Medical Examiner must be notified at once.		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	/	Refo		Cemet		3/28 K	(noxvi	lle,N	1d				
Ba	Physician		21. Signeture of Funerel Service Licen	<	. /	Ea	Neme end Addr	- Spenc	er Fune	eral Ho	ome					
			23a. Pert1. Enter the disease, or comp. shock, or heart feilure. List only	plications that caused the	death. D	o not ente	rpers or the mode of dy	ing, such es cardia	W • V a • 2 c or respiretory e	75425 rrest,	1	Approximate				
ζ			SHOOK, OF HEAR TENDER. LIST OF BY	one ceuse on eech line.							1					
	/Medical Examiner		Immediate Ceuse (Finel disease or condition	. Alama	4 0							3 les				
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Division of	Attending Physician: or death. octor: After this cartification by the funeral director,	Certification:	27. Menus of Deeth Neturel 5 Pending	28a. Date of Injury (Month, Dey Ye	ar) 286	. Time of Injury		ryet ork?]Yes 2 ∐No □	28d. Describe	now Injury occur	Ted	- The second second				
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	ithin of the sample	Med	29b. Signature end title of cartifier	and manner stated.	-		29c. Licen	se number		29d. Dete signe	d (Month.)	Dey, Year)				
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			30. Name end address of person who o		(Item 23	(Type,	Print)	N	1		1					
			Dr. R. Chedene		slet	ang	Tane	- Kelo	lysvell	Ma	1					
	Sta Registr	_	31. Date tiled (Month, Day, Year) MAD 9 7 100	32. Registrer's	Signeture	A.M			v	34						
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State of Maryland / Department of Health and Mental Hygiene 97 10369

						Ce	rtificate	of	Death		Reg. No.							
		1. Decedant's Nama (First, Mid	idia, La	st)						2. Data of D		Vess	3. Tima of Death					
hysician Medical/		Julian Ru	ısse	11 Wa	llich					Month	Day Ch 12 1	Yaar 997	10.000					
nvieulcai Examiner		4a. Facility Nama (If not Institut							4b. City, Town, or Le			nty of Deatl	10:00p					
EXAMINIO		Laurel Regiona	1 н	ospital				1	Laurel		Pri	nce G	eorge					
uneral	_	5. Social Security Number	6. S			yrs. last birthday	If Undar 1		If Undar 24 Hrs.	8. Data of B								
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		Usual Rasidance of Decedant																
Mow #		10a. Stata 10b. Coun	ity		100	. City, Town or L	ocation						10d. Insida City Limit					
to to	5	MD Howa	rd			Jessup							1 ☐ Yas ŽŽN					
re les	5	10e. Street and Number					10f. Zip Co	oda			10g. Citizan	of What Co	untry?					
r items 23a or 28a-f show when must be notified at Funeral Director	2	8305 Peachwood	Dr	ive			20	79	4		USA							
here.	5	11. Marital Status		12. Was Dec		in U,S. 13.	Was Dacedan	nt of H	lispanic Origin? (Sp	ecify Yas or N			ican Indian,					
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	2	17. Fathar'a Nama (First, Middle							18. Mothar's Nam	a (First, Middle	a, Maidan Sun	nama)						
	2	Charles Wallic	h						Ella May Harding									
		19a. tntormant's Name/Ralatio	nship (7	ype, Print)		19b. Mail	ing Addrass (S	Street	and Number or Rur	-		wn, Stata, Z	ip Code)					
		Helen Thomas	/	Daugh	nter	830	5 Peach	wo	od drive	ve Jessup, Maryland 20794								
ह		20a. Mathod ot Disposition			20	b. Place of Disp	osition (Nama matory or othe	of or nie	no) las	ar 15,	-							
7						St. Marl		•	Cem.	1997	High	land,	Maryland					
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eteched for us Physician	1	Part II. Other significant condit	tions co	entributing to d	eath but not	resulting in the u	inderlying caus	se giv	en in Part L	23b. Dld	tobacco use	contribute	to the cause of death					
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. page 2 should I											an autopsy omed?		Vers autopsy findings valiable prior to ompletion of cause					
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rector, pag		25. Was case referred to medic examiner?						· possono	26. Place of Deat	h (Check only	one)							
To To		1 ☐ Yes 2 No		Hospital: 1X	Inpatient :	2 ☐ ER/Outpatie	nt 3D DOA	Oth	er: 4 Nursing Ho	me 5□Res	idence 6 🗆	Other (Spec	19/					
		27. Mannar ot Death 1 ☑Natural 5 ☐ Pend	lina	28a, Date (Mon	of Injury th, Day Yes	z) 28b. Time o	280	Injur	y at k7	28d. Describe	how injury oc	ourred						
led in by the funeral Certification:		2 Accidant invas	tigation				M		Yes 2□No									
completely filled in by the		3 ☐ Suicida 6 ☐ Could 4 ☐ Homicida datar	mined	28e. Place buildi	of Injury - A	At home, farm, st ecify)	reet, factory, or	ffice			(Street and Nu	mber or Ru	ral Routa Number,					
Se Se						CC (M)				J., J	,,							
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₩ OS		29b. Signatura and titla of certifi	iar	^ li			29c. L	icans	a number		29d. Data sig	ned Month	, Day, Year)					
		> WIME	_ /	AIII	7111	in and	1 4		13911		MARI	K/=	3,1997					
	-	30. Nama and addrass of person	n who o	ompleted care	sa of death /	Item 23a) /Tuno	Print)		1 2000		1 y carri	V - V /	1-12					
	1.5	30. Nama and addrass of person who completed causa of daath (Item 23a) (Type, Print)																
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A	mended_	#2	3b.as per M.D4/	2/97.GF.Mo	nt.Co.	Cen	tificate of	Death		Reg. No.	•	.0070		
			1. Decedent's Name (First, Middle,						2. Date of Dea Month		Voor	3. Time of Death		
	Physic		Yang	Shik	Won	9					Year	10:15 A.M.		
	/Medi Examir		4a. Facility Name (If not institution, g			6		4b. City, Town, or L		7	of Death	100125 110110		
7	Exami	ier						Derwood				**		
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	# 22 #	ire	10e. Street and Number			,	10f. Zip Code			10g. Citizen of W	hat Coun	itry?		
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	1980t	ě.	11. Maritai Status	12. Was Decedent	Ever in U.S.	13. W			ecify Yes or No-					
21215-0020	filed within 72 hours after deeth with the Maryland Hyglene. ther then "natural", or items 23a or 28a-f show brt, the Medical Examinet must be notified at	by Funeral	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?			Yes, specify Cul ☐ Yes 2 ☑ No	Hispanic Origin? (Spoan, Mexican, Puerto Specify:	Rican, etc.)	Specify:	, White,	etc.		
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	Physician		snock, or near failure. List on	ly one cause on each i	ne.						1	Onset end Death		
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	Hospital 24 hours Funeral taly filled		29a. Cartifiar 1/Deartifying I	Physician: To the heet	of my knowled	na death	occurred at the t	ima date and place	and due to the o	ause(s) and man	ner se el	tated		
		edical	(Check only 2 Medical Ex	aminar: On the basis o	f axamination a	and/or Inva	istigation, in my	opinion, death occur	red at the tima,	lata and place, a	nd dua to	tha causa(s)		
,	within 2 Vo the	Mec	29b. Signature and title of certifier	वाच मिलागर्भा इं	aidu.		200 Licen	se number		Od Date signed	(Mannth	Day Vost		
	5 1 kg 2		250. Signature and title of certifier		Ý.,				1	.ou. Date signed	(INFOLIED),	way, rear)		
	10		St. Je	cues "			D	44127	M	arch 20	, 199	97		
	-		30. Nama and address of person wh	o completed causa of c	laath (Itam 23a	a) (Type, P	rint)							
	10		Ira Berger, M.D	., 809 Vei	rs Mill	Road	1, #101.	Rockvill	e, MD.	20851-16	89			
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	Registr		MAR	2 1 1997	Julia D	avidson	Mandall							

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Defe of Deeth 3. Time of Death Dey Month Yeer March 18, 1997 Wallace 3:13 P.M. 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Frederick Memorial Hospital Frederick Frederick If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) Months 1 M 25€F Yrs. 81 MARCH 25,1915 WASHINGTON, D.C. Usual Residenca of Decedent 10b County 10c. City, Town or Location 10d. Inside City Limits FREDERICK ADAMSTOWN 1 ☐ Yes 2 No 10f. Zip Code 10g. Citizen of Whet Country? 5402 VILLAGE COURT 21710 UNITED STATES 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∰No If Yes, Give Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 ™ Married 1 ☐ Yes 2 3 No Specify: Specify: WHITE 3 Widowed 4 Divorcad 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17, Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) O. THAXTER SMITH DOLLIE COLLINS 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 5402 VILLAGE COURT, ADAMSTOWN, MD. 21710 ROBERT A. WALLACE, HUSBAND 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20c, Location - City or Town, Stete 1 Burlal 2 ☐ Cremetion 3 ☐ Removel from State CHELTENHAM VETERANS CEM. 3/25/97 CHELTENHAM, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licenses MURIEL H. BARBER FUNERAL HOME P.O. BOX 5038, LAYTONSVILLE, MD. 20882 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear failure. List only one cause on each line. Approximete brovascula Due to (or es e consequenca of): Due to (or es e consequence of)

Physician /Medical Examiner

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Be Completed

Certification: To

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pemit. Pages 1 and 2 should be filed within 72 hours after t Department of Health and Mental Hygiena. Important: if Item 27 is marked other than "natural", or itan say hijury or other traumatic event, the Madical Experience

Full Baltimore, Maryland 21215-0020

the Medical Examiner must be notified

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5. Sociel Security Number

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20a. Method of Disposition

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Physiclan/Medical Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting In deeth) Lest

Immediate Ceuse (Finel

disease or condition resulting in deeth)

Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23h. Did tohacco use contribute to the cause of death? 1 Yes 20No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 ☐ Yes > No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Plece of Deeth (Check only one) exeminer' Hospital: 1 | Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes No 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, death occurred et the time, dete end placa, end due to the cause(s) end menner stated. 29a. Certifier

The law requires that the death certificate be executed P.O. Box 68760, been signed by the should be detached Records, page 2 certificate Division of Vital To the Hospital or Attanding Physician: within 24 hours after death.

To the Funaral Director: After this certifica completely filled in by the funeral director;

> State Registrar

Apho 31. Date filed (Month, Day, Year)

29b. Signeture end title of certifier

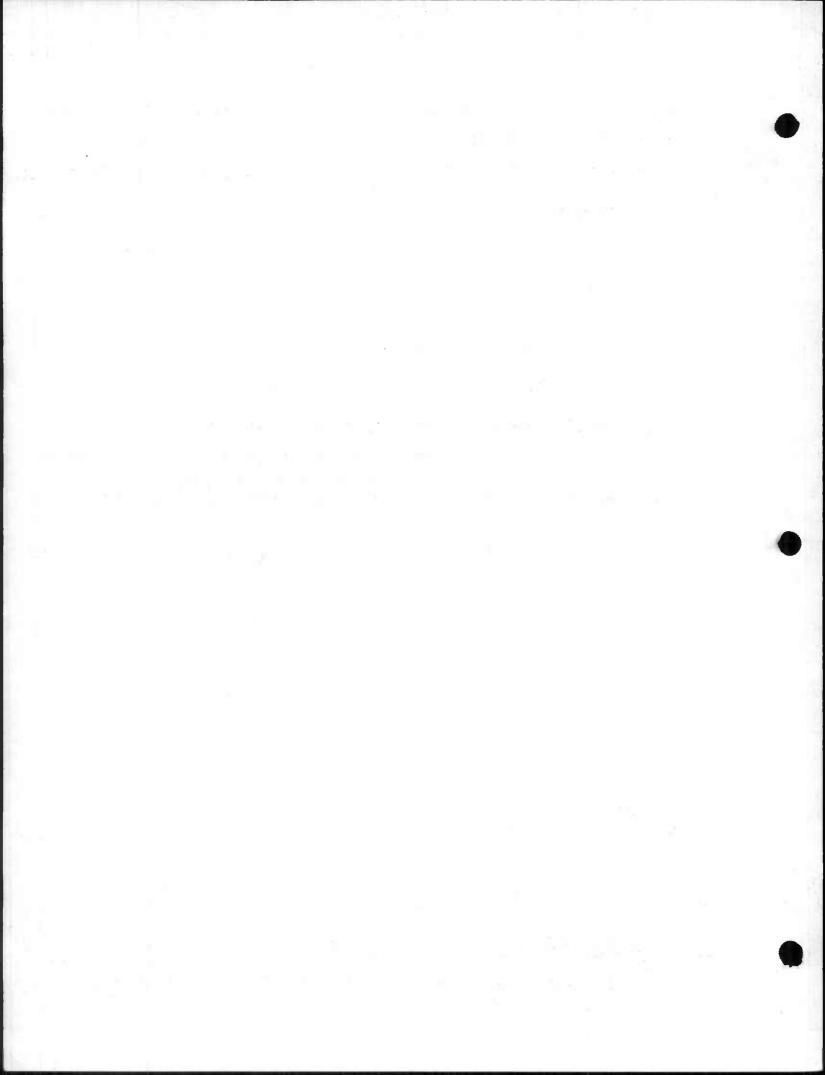
30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Ci 10200

29c. License number 3105

29d. Dete signed (Month, Day, Year)

Kd, Woodston, nd 21790 1emino

32. Registrer's Signature whie Davidson-Randoll MAR 2 1 199F



State of Maryland / Department of Health and Mental Hygiene

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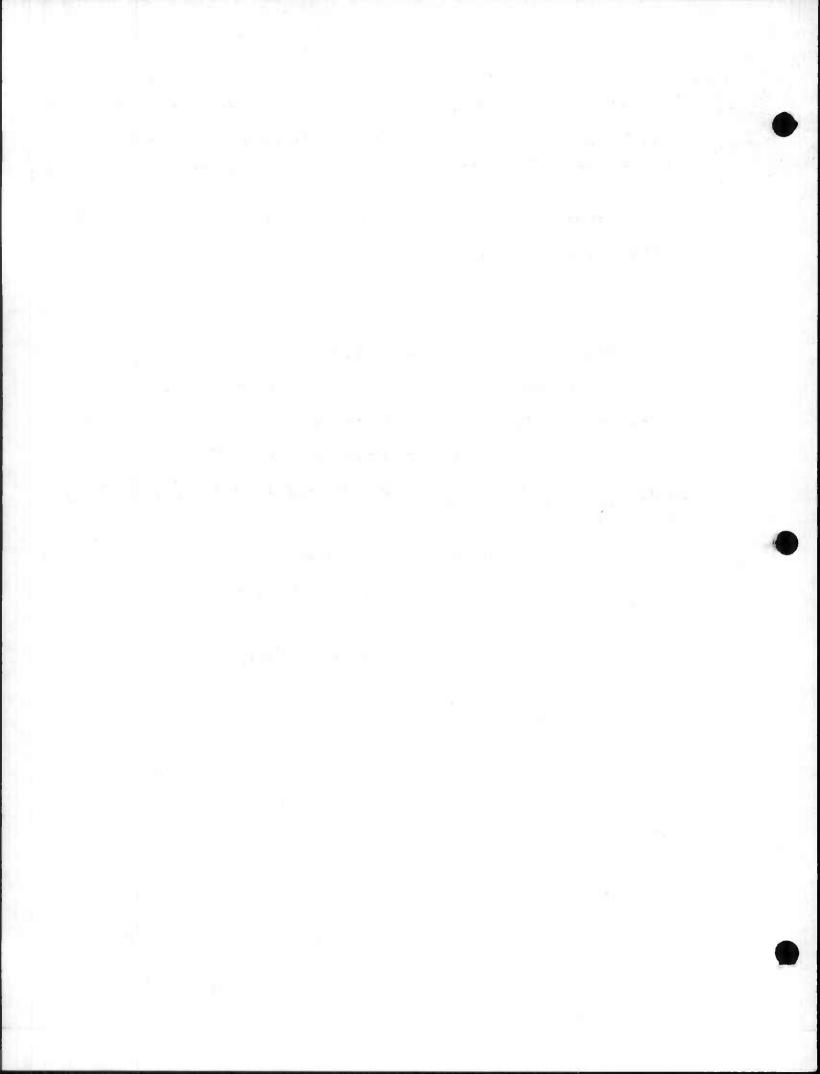
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30. Nama and address of parson who completed causa of death (Item 23e) (Type, Print) Welver Solve Bon Was Dons of Mall Print Ellicott State 31. Date filed (Month, Dey, Year) 32. Registrer's Signatura	٥	rs eft	Cer									, , , , , , , , , , , , , , , , , , , ,			
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30. Nama and address of parson who completed cause of death (Item 23e) (Type, Print) WELVIN KORDOW WY State 31. Date filed (Month, Dey, Year) 32. Registrer's Signatura		To the Com	Z	29b. Signatura and title of certification in the control of the certification in the certific	a Slow	Jeer	an	29c.			111	3 14		Day, Yaar)	
State				30. Nama and address of parson	who completed cause	sa of death (Ite	m 23e) (Type,	Print)				113 m	1007	et	
Registrar MAR 1 9 1997 Selia Savidson Pandall		Sta	te) 32. F	A						- 9			
· // · · · · · · · · · · · · · · · · ·		Registr	ar	MAR 1 9	1997 9	chia David	lon-Bino	402							



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State of Maryland / Department of Health and Mental Hygiene / Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of the Dev Veer **Physician** March 14, 1997 Eleanor R. Walton /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 2403 Homestead Drive Silver Sprine
If Under 24 Hrs. 8. Date
S Hours Min. (Mo Montgomery If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 1 □ M 2 ₩ F Yrs. 212-12-4849 81 May 16, 1915 North Carolina Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Director Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2403 Homestead Drive 20902 Funeral U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Merried 2 ☐ Married 1 Yes 2₺ No Specify: þ Specify: 3 ☑ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Secretary Office Management 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Oscar L. Walton 2 Unknown 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) Eleanor F. Gleason 2863 Mankin Walk Falls Church, Virginia 22042 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burlal 2 ☑ Cremetion 3 ☐ Remove! from State 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory 3/15/97 Alexandria, Virginia 21. Signeture Funeral Service Consee 22. Name end Address of Fecility Francis J. Collins Funeral Home, Inc. 23a. Perf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate Approximete Intervel Between Onset end Deeth Immediate Ceuse (Finel disease or condition resulting in deeth) Due to (or as a consequence of) Examiner Empyemen Due to (or es e consequence of): 2 years Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Physician/Medicai Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of death? 2 No 3 Probably 4 Unknown Anemia þ 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evaileble prior to Completed completion of cause of deeth? 2 2 No 1 ☐ Yes 2 No Be 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home Series 1 Other (Specify) Certification: To 1 Yes 2 No 28a. Dete of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Natural 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 - Homicide 15 Certifying Phyeiclen: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steled.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner stated. 29a. Certifier Medical 29c. License number 29d. Date signed (Month, Dev. Yeer) 29b. Signeture end title of certifier (m) ph D MANCH D 39190

J. Garrett Reilly, M.D., Ph.D. 3418 Olandwood Court #111 Olney, Maryland 20832

Box 68760. P.O. Division of Vital Records. Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica etely filled in by the funeral director, To the Hospital within 24 hours e To the Funeral D completely filled

Funeral

Director

28a-f show

an "natural", or Items 23a or 28a-f show Medical Examiner must be notified at

Pages 1 end 2 should be filed within 72 hours efter cont of Health and Mental Hygiene.
Int: If Item 27 is marked other than "natural", or item
Inty or other traumatic event, the Medical Expanian.
Inty or other traumatic event, the Medical Expanian.

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/Medical Examiner

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Baltimore, Maryland 21215-0020

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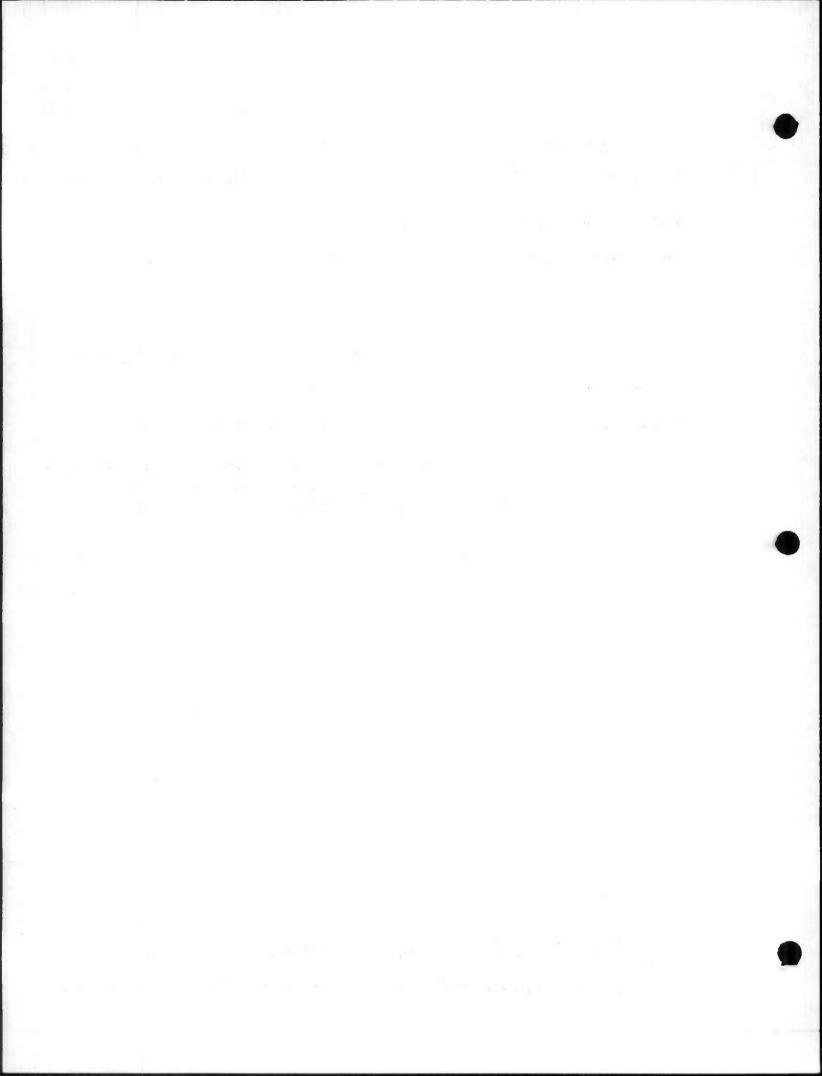
State Registrar

31. Date filed (Month, Day, Yeer)

30. Neme and eddress of person who completed came of death (Item 23e) (Type, Print)

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32. Registrer's ligneture



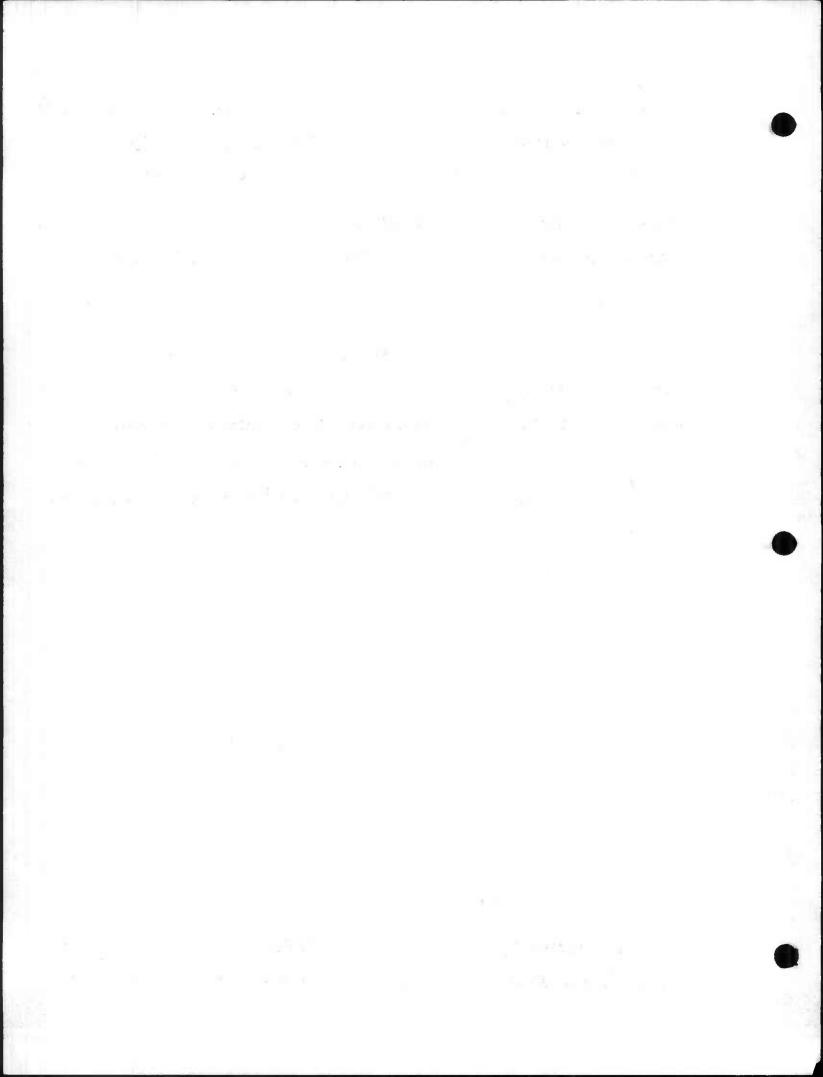
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State of Maryland / Department of Health and Mental Hygiene

10375

					Ce	rtificate c	of Death		Reg. No.		103/3	
	Ohusiai		1. Decedant's Nama (First, Middla, La.	st)			-	2. Data of D Month	eath Day	Yeer	3. Tima ot Death	
	Physici /Medi		Robert Lee Wa	allace				MAI	2 ch 16	1947	2:21PM	
	Examir		4e. Facility Name (If not institution, give	e street end number)			4b. City, Town, or	Location of Dea	th 4c. County	y of Deeth		
			Holy Cross Hosp	pital			Silver Sp			gomer.	У	
D	Funeral Director		5. Social Sacurity Number 6. S 191-34-0441 Usual Rasidance of Decedent	7. Age (In)	yrs. last birthday; Yrs.	If Under 1 Ya Months De			irth lay, Year) .8, 1944	9. Birthp Coun Penn	place (Stata or Foreign ntry) Sylvania	
Jand	show		10a. State 10b. County	10c.	. City, Town or Lo	ocation				1	10d. insida City Limits	
the Man	28a-f show	ector	Maryland Montgome	ery S	ilver Sp				40-00		1 ☐ Yes 2 ☑ No	
deeth with the Maryland	23a or	Funeral Director	13015 Tamarack Roa	ad		10f. Zip Cod 20904	a		United			
_ je	itel hyperie. d other then "natural", or items event, the Medical Examiner m	by	11. Marital Status 1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorcad	12. Was Decedant Evar i Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yeer or Datas:		Was Decedant of the Yas, specify C	of Hispenic Origin? (S Suban, Maxican, Puerl No Specify:	pacify Yes or N o Rican, etc.)	o- 14. Rai Ble Specif	ce - Americ ck, Whita, fy:h	can Indian, etc. ite	
2 2	"natural". adical Exp	eted	15. Decedant's Ed (Specify only highast gra	fucation da completed)	16a. Dece	dant's Usuai Oc	cupetion na during most of wor	rkina	16b. Kind of B	usinass/Inc	dustry	
Maryiand 21215-0020 12 should be filed within 72 hours ef th end Mental Hydlene.	r than	Completed	Elamantary/Secondary (0-12)	Collaga (1-4or 5+)		alesman	na during most of wor tired)	Allig	Gun Tra	ade		
	othe /	Bec	17. Fathar's Nama (First, Middla, Last)				18. Mother's Ner	ne (First, Middi	e, Maiden Sumer			
/iai	rked tic e	ToE	Robert Bryce Walla	ace			Mary Cul	kin				
Maryiand d 2 should be file the end Mental Hy	E E		19a, intormant's Name/Ralationship (1	Type, Print)	19b. Maili	ng Addrass (Str	eet and Number or Ru	ıral Route Num	ber, City or Town	, State, Zip	Code)	
Te, M	27 l		Robert Charles Wa	llace	1739	Jackson	Street, E	Baltimor	e, Mary	land	21230	
or He	i de la		20a. Mathod of Disposition 1 ☐ Burlal 2 ☐ Crametion 3 ☐		 b. Placa of Disponentary, crain 	osition (Name of matory or other)	plece)	Data	20c. Location - City or Town, Stata			
im Peg	ury o		4 Donation 5 Othar (Spacify	y) (Chesapea	ke Crem	atory	3-18-97	Beltsvi	11e,	Maryland	
Baltimore, permit. Peges 1 et	Important: if item 27 is marke any injury or other traumatic once.		21. Signatura of Funaral Sarvice Licen	saa	R	app Fun	drass of Facility eral Servi Avenue, S	ces, P.	Α.		1 00010	
	-		23a. Part1. Enter the disease, or compshock, or heart tailure. List only	plications that caused the d	laath. Do not an	33 GIST	Avenue, S	or respiretory	opring, I	Maryl	Approximata Interval Batwaan	
/M	/sician ledical aminer	-	Immadiata Causa (Final disease or condition rasulting In daath)				rrhosis idney				Many Yeas	
P 0	ısit	- Pu		b. End	. Sta	se M	idney.	dise	ase	17	2 week	
ords, P.O. Box 68760, requires that the death certificate be executed	physician end the buriel-trensit	al Examiner	Sequantially list conditions, if any, leading to immediate cause. Entar Undarlying Causa (Diseasa or Injury that initieted evants	Due to	o (or as a consec	quance of):						
x 68760, entificete be ex	O 6	Medical	rasulting in deeth) Last	Due to	o (or es a consec	quence of):						
Boy auth ce	ed by the ettendin detached for use	Physician/										
P.O.	ched	ysk	Part II. Other significant conditions co	ontributing to death but not	rasulting in tha u	ndarlying causa	givan in Part I.	23b. Dio	11114	intributa to	o the cause of death?	
S, P.	signed by id be detac	by Ph						1	Yes 🎉 No	3 Prot	bably 4 Unknown	
Division of Vital Records, for attending Physician: The law requires the effect deeth.	peen	Completed						24a. Wa peri	s an autopsy ormed?	COL	ara autopsy tindings calleble prior to implation of causa deeth?	
i Rec	page 2	5						10	Yas 2 No	1[□Yas 2□No	
/ita	is certificate director, pag	Be	25. Was casa raterred to medical axaminar?				26. Place of Dea	ath (Check only	one)			
of Vita Physician:	9 0	2	1 ☐ Yas 215 No		2 ☐ ER/Outpatler	nt 3 DOA	Other: 4 Nursing H	loma 5□ Ras	ildance 6 □Ott	nar (Specif	y)	
Vision C Attending P	r: After t	atlon	27. Mannar of Death Naturel 5 Pending Invastigation		28b. Tima o Injury		njuryat Vork? □ Yas 2 □ No	28d. Dascribe	how injury occur	red		
Divisio	i Directo ed in by t	Certification:	3 Suicide 6 Could not be 4 Homicida datarmined	28a. Plece of Injury - A building, atc. (Spe	kt homa, ferm, str ecify)	aat, factory, offic	ca	28f. Location City or To	(Straat and Numi own, Stata)	ber or Rura	il Routa Number,	
Div To the Hospital or within 24 hours effe	To the Funeral Director: After the completely filled in by the funeral	edical (29a. Certifier (Check only one) 1 Certifying Phy 2 Medicat Exam	ysician: To the best of my liner: On the basis of axam end mannar stated.	knowledga, daati Ination and/or in	n occurred at the vastigation, in m	a tima, data and place y opinion, daath occu	, and dua to the rred at tha time	a causa(s) and m , data and place,	annar as st	tated. tha cause(s)	
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	′		Celial W Bloch 30. Nama and addrass of person who of Mohammad - A	completed causa of death (Item 23a) (Type,	Print)	Cameo	Con	1 Silv	12 Sp.	ring 2090	
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	ات Registr	ar	31. Data filed (Month, Day, Year) MAR 1 8 1997	32. Registrer's Si	-Mandalle							

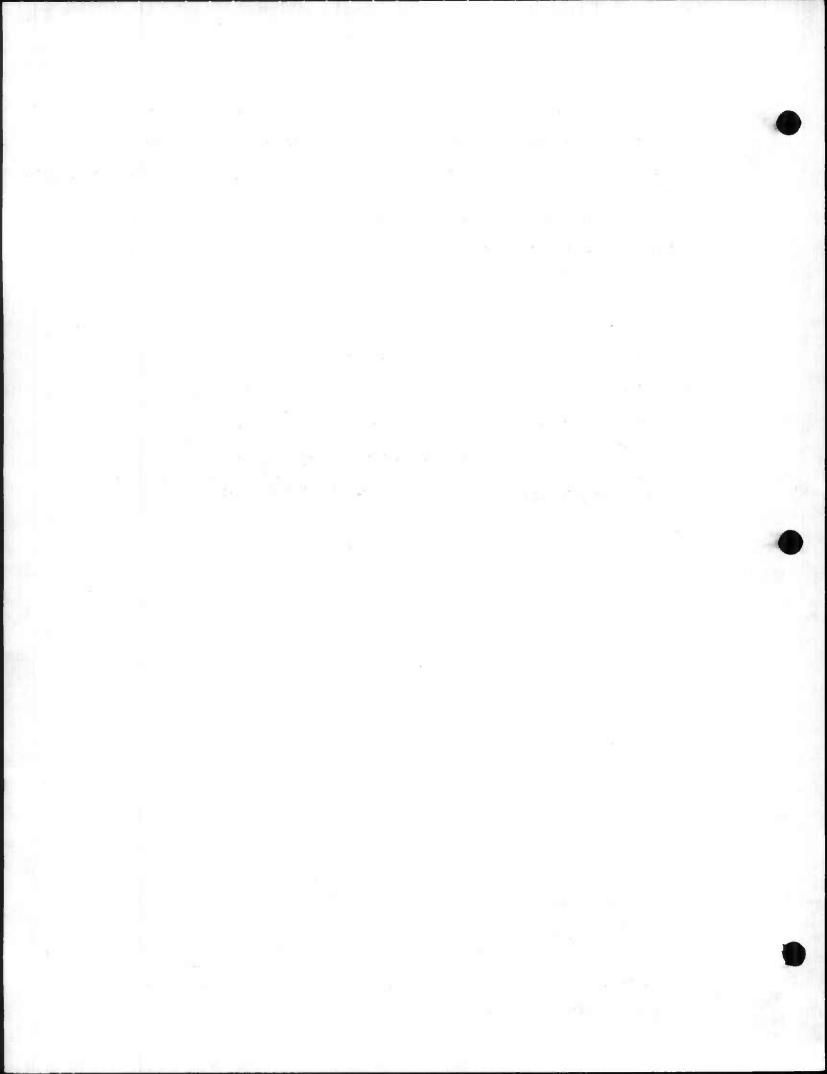
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10376

							Ce	ertifica	ate of	Death	7		Reg. No.			
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	Funerai		5. Social Security		Sex 1 □ M 2 X □ F	7. Age (In yrs		Month	der 1 Year s Deys		Min.	8. Date of Bir (Month, De	th y, Year)	9. Birtl	npiece (Ste.	te or Foreign
	Director		130.03.8	484		87	Yrs.					Jan. 11,	1910	The	Neth	erland Curaeo
pu	>		Usual Residence			10.0								111161	IICS-	ouraco
ıyla	show	_	10e. State	10b. County			ity, Town or I								10d. Inside	City Limits
Ne	- 4	9	MD	Montgome	ery	Sir	ver Sp	ring							1 X Y	es 2 No
t t	28	Director	10e. Street end h					10f. 2	Zip Code				10g. Citize	en of Whet Co	untry?	
Wit	8 4		15100 Ir	nterlacher	n Drive	#125		20	906				I	J.S.A.		
72 hours after death with the Maryland	al', or items 23a or 28a-f shov Examinar must be notified at	Funerai	11. Meritel Status		12. Was Dece	dent Ever in I	JS 12	Was Dec	edent of	Hienania Orl	dain? (Sne	cify Yes or No	1	4. Race - Amer	ionn Indian	
er d	호형	5			Armed Fo	rces?	3,3.	if Yes, sp	pecify Cut	ban, Mexicar	n, Puerto F	Rican, etc.)	- 1.	Bleck, White		,
S	8	by F		arried 2 Married	1 ☐ Yes if Yes, Giv	/e		1 Tyes	2 No	Specify:	:		S	Specify:	White	
Jour	59	Q P	3X Midowed	I 4 ☐ Divorced	Yeer or D	ates:									WILLE	
72	jene. r than "natural", tre Wed cal Exe	Completed	(Sc	15. Decedent's E secify only highest gr	ducation ede completed)		16e. Dec	edent's Us	suel Occu	petion during mos	st of working	na	16b. Kind	d of Business/I	ndustry	
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plnous	th end Mer 7 is marke traumatic	-		Name/Relationship			19b Mei	ling Addre	ss (Stree			-		Town, State, Z	in Code)	
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r At	rect rect	THE I	4 ☐ Homicide	dataminad	286. Pieca	of Injury - At h	ome, ferm, st						on (Street end Number or Rural Route Number, r Town, State)			
To the Hospital or Attending Phys within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral d	e in o	Ce														
• Hospi	within 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Certifier (Check only one)	1 Certifying Ph	nysician: To the I	sis of exemine	wledge, deet	th occurred	d et the ti	me, dete end opinion, deet	d pleca, er th occurre	nd due to the o	ceuse(s) ar dete end p	nd menner es leca, end due	steted. to the ceuse	e(s)
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	Funerai Director		PRINCE GEORGES 5. Social Sacurity Number 6. 059–10–8124 Usual Rasidance of Decedant	Sax 7. Aga 1 M 2 F	ENTER (In yrs. la:	st birt	hday) If Undar 1 Yaai Months Days		8. Data of Bir (Month, Da	th	9. Birthp Coun	ORGE 'S leca (Stata or Foreig try)
	ta-f show	ctor	10a. Stata 10b. County PRINCE (GEORGE'S	10c. City,	Town	or Location B(OWIE			1	0d. Inslda City Limite
3	incuming a nous enter ocan with the maryend Hygiene. ther then "natural", or items 23s or 28s-f show ent, the Medical Examiner must be inclined as	Funeral Director	10e. Street and Number 12010 RUSTIC HILT 11. Marital Status	L DRIVE	er in II S			20715	poits Voc or No	U.S.A		
777	ral', or her	by	1 ☐ Nevar Married 2 ☐XMarried 3 ☐ Widowad 4 ☐ Divorced	Armed Forces? 1X1Yes 2 □ No If Yas, Giva Yaar or Datas: 1			13. Was Dacedant of If Yes, specify Cul		Rican, atc.)	Specif	ck, Whita,	atc.
21213-0020	than "natur	Completed	15. Decedant's (Specify only highast g	Educetion rada complated) Collaga (1-4or 5+		16e.	Decedant's Usual Occu (Giva kind of work done lifa. DO NOT usa ratin	i during most of work ad)	ring	16b. Kind of B		
	more med with the market of the Marie event, the Marie ev	To Be Co	12 17. Fathar's Nama (First, Middla, Les LEO A WEIL	it)			PROOF REA	ADER 18. Mother's Nam JESSIE				ING OFCE.
-	f Health end A Item 27 is ma other trauma		19a. Informant's Name/Ralationship (Typa, Print) EVELYN WEIL/WIFE				Mailing Addrass (Strae	Stata, Zip)715				
	Depertment of H Important: if its any injury or of once.		20a. Mathod of Disposition 1 □ Burial 2 □ Cramation 3 4 □ Donation 5 □ Othar (Space 21. Signatura of Funaral Sarvica Lice 23a. Part1. Enter the disease, of con-	nolications that causad the	KING	D.	Disposition (Nama of c, crematory or other plant AVID MEMOR] 22. Nama and Addr EDWARD SAG 1091 ROCKI ot entar tha mode of dy	IAL GARD ass of Facility EEL FUNERA	L DIREC	ILLE. M	CHURC	CH, VA
	hysician /Medical xaminer		shock, or haart failura. List onl Immediata Causa (Final disease or condition rasulting In death)	0		~	onsaquança of):	dion	yora	nt-hy		Intarval Batween Onsat and Death
	ettending physicien end for use as the burial-transit	in/Medical Examiner	Saquantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury that initiated avants rasulting in daeth) Last	b. CCV	ua to (or a	is a c	onsequence of):	al C	atla	ve_		yrs.
and the other	been signed by the ett	by Physician/Med	Part II. Other significant conditions	contributing to death but	not rasulti	ing In	tha undarlying ceusa g	ivan in Part I.		tobacco usa co Yes 2 □ No	ntribute to	the cause of death
	les been sign	Completed b		78		_			24a. Was perfo	an autopsy omed?	ava	ara autopsy findings ailable prior to mplation of causa daath?
		e Con	OS Managarata and the second s	_					10		10	Yes 2□ No
Ohminia	s certi	OB	25. Was cesa rafarred to madical axaminar? 1 ☐ Yas 2 ☒ No	Hospital: 1 Anpatient	ە □ ⊏	26. Place of Death (Check only ona) ER/Outpatient 3□ DOA Other: 4□ Nursing Home 5□ Residence 6□Other (Specify)						a
	After th	Certification: T	27. Mannar of Death 10 Natural 5 Panding 2 Accident invastigation	28a. Data of Injury (Month, Day)	(aar) 2	8b. T	ma of Jury Wo	ork?] Yas 2 □ No	28d. Dascriba	how Injury occur	red	
sellon Att an Indian	within 24 hours after death To the Funeral Director: completely filled in by the		4 Homicida datamine	building, atc.	(Spacify)		m, straat, factory, office		City or Tox	vn, Stata)		I Routa Number,
the Has	hin 24 h the Fun npletely	Medical	one) 2 Madicel Exa	hysician: To tha best of miner: On tha basis of a and mannar stata	xaminatio	n and	or Invastigation, in my	opinion, daath occur	red at tha tima,	data and place,	and dua to	tha causa(s)
F	10	M	29b. Signatura and titla of certifiar		-		D	4 Z 3 7 Z	-	29d. Data signe	d (Month,	Pay, Year)
			30. Nama and addras of person PAVL PA	A A	th (Itam 2		Type, Print)					

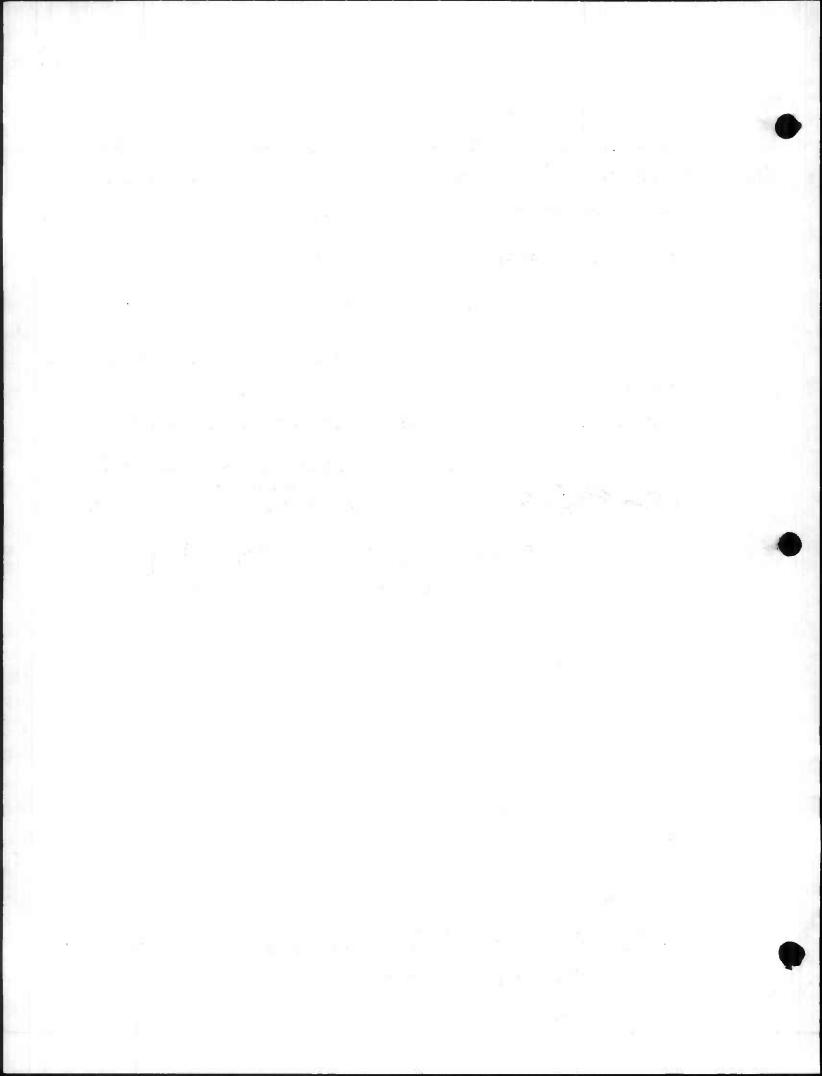
John Tavidson Mandalle

DHMH 16 Rev 6/95

State

Registrar

MAR 1 9 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Deeth 3. Time of Deeth

WALKER WALTER

MARCH

17, 1997 05:35 am

Yes 2 No

Approximate Intervel Between Onset end Deeth

1 ☐ Yes 2 ☐ No

Physician /Medical **Examiner**

certificate be executed

Box 68760

P.O. |

Division of Vital Records,

or Attending

To the Hospital

ettending physician end for use es the bunel-transit es the signed by t d be detact Be Completed hes Medical Certification: To After this s efter death.

I Director: Aft
of in by the fur

within 24 hours a To the Funeral C completely filled

1. Decedent's Neme (First, Middle, Last) **Physician** /Medical **Examiner Funeral** Director death with the Maryland 10e, State ?? is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examinar must be notified all Director Funeral filed within 72 hours efter Hygiene. other than "natural", or ite Baltimore, Maryland 21215-0020 þ Completed Be 2 should be and Mental 2 permit. Pages 1 end 2 st Department of Heelth and Important: If Item 27 is m any Injury or other traum

Examiner Physician/Medical resulting in deeth) Lest

29a, Certifiar

4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Baltimore THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY Hours Min. 8. Dete of Birth (Month, Day, Year) 9. Birthplaca (State of Country) Mar 27, 1947 Maryland If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplaca (State or Foraign Months Yrs. 217-44-9109 49 Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits Md Anne Arundel Laurel 10e. Street end Numbar 10f. Zip Code 10g. Citizan of Whet Country? 3587 Whiskey Bottom Rd, 20744 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Orlgin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Bleck, White, etc. 1 Sees 2 No if Yes, Giva Year or Dates: Navar Married 2 Married 1 Yes 2 No Specify: Specify: 3 Widowed 4 Divorced 67-73 Black 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) U.S. Govt. 2 Yrs Cook 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Lest) Leonard Walker Mary Williams 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) (Aunt) 3585 Whiskey Bottom Rd, Laurel, Md 20724 Edna Queen 20b. Place of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 Buriel 2 ☐ Cremation 3 ☐ Ramoval from State Mt Zion Church Cem. 3/22 4 ☐ Donetion 5 ☐ Other (Specify) Laurel, Md 21 Signeture of Funeral Service Liceran 22. Name and Address of Fecility Snowden Funeral Home P.A, 20850 23a. Pert1. Enter the disease, or completations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast,

Approximately a shock, or heart failure. List only one cause on each line. Immediate Ceuse (Final diseese or condition resulting In deeth) RENAL FAILURE TEN DAYS Due to (or es a consequence of) LYMPHOMA TWO HEEKS Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury that in its dead or injury) Due to (or as e consequence of): RETROVIRAL ILLNESS SEVEN YEARLS Due to (or as a consequence of): TWO MONTHS TUBORCULOSIS

Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. CARDIOMY OPATHY

6MBOLISM PULMONARY

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings aveileble prior to 24a. Wes en eutopsy performad? completion of cause of death?

2 No

1 Yes 25. Wes case referred to medical 26. Plece of Death (Check only one) Hospital: 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 ☐ Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 1 Neturel 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Thomicide

one)

29b. Signature and title of certific

Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) and manner stated. 29d. Data signad (Month, Day, Yaer)

29c. Licansa number RES - 000

MARCH 17, 1997

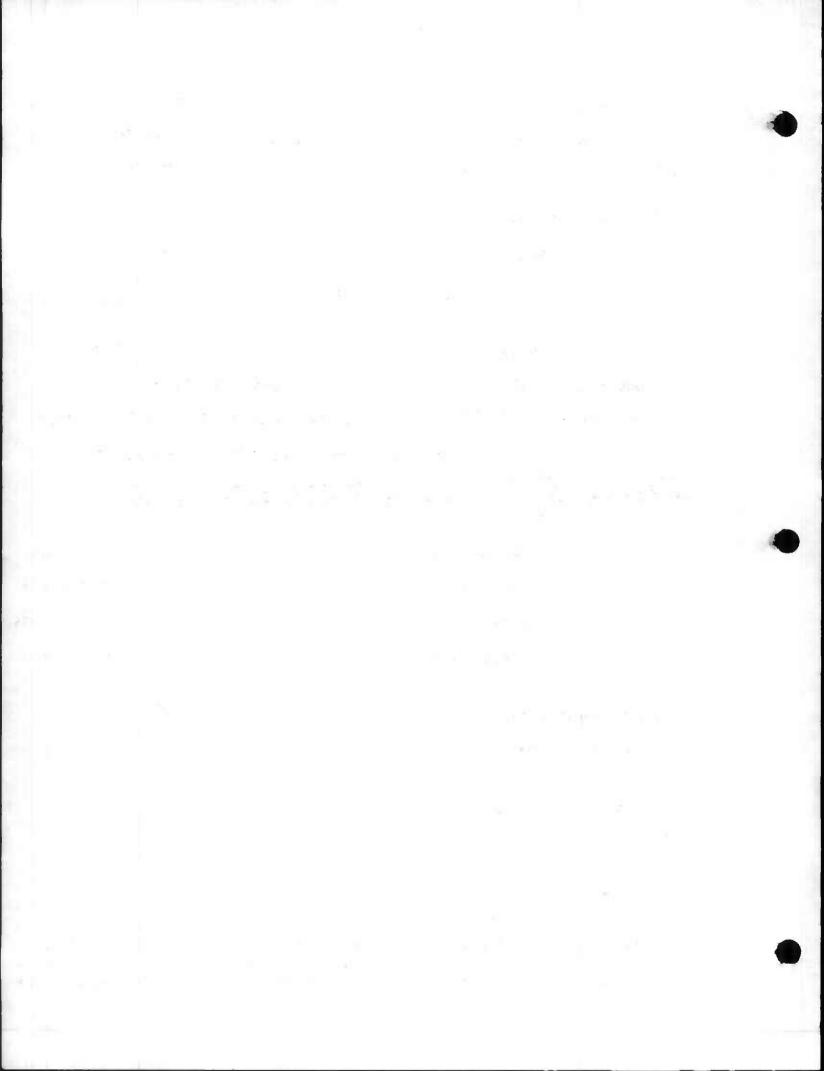
30. Name and address of person who completed charge of death (Item 23a) (Type, Print) SYDNEM MORSS, TOWER 110,

HOPKINS HOSPITAL, 600 NORTH WOLFE STREET, BALTIMORE, MARYLAND 21287

State Registrar

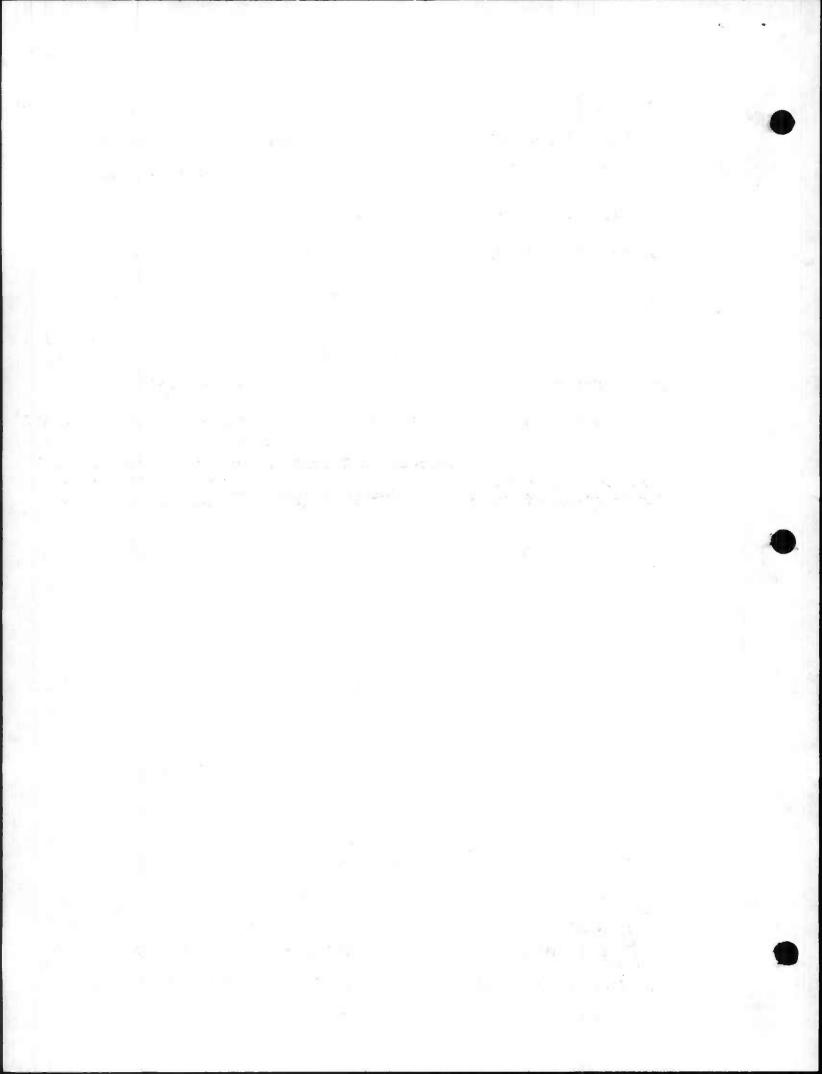
31. Date filed (Month, Dey, Year) MAR 1 9 1997

32. Registrer's Signature Alia Davidson



State of Maryland / Department of Health and Mental Hygiene

						Certificate o	of Death	F	Reg. No.		
П	Division		1. Decedent's Name (First, Middle, La	st)				2. Date of Dee	eth	V	3. Time of Deeth
J	Physic /Medi		Ruth B. Yeig	h				March	2,199	Year 7	07:55A
0	Exami		4a. Fecility Neme (If not institution, giv	e street end number)			4b. City, Town, or I				
1			Anne Arundel M	iedical Ce	enter		Annapo	lis	Ann	e Ar	undel
	Funerai Director		5. Social Security Number 6. S 170-18-9563	Sex 7. Age (In yrs. lest biri	thday) If Under 1 Ye Months Dey		8. Dele of Birtl (Month, De) Aug. 4	, Year) , 1911	9. Birthpi Coun Pen	lece (Stete or Foreign try)
	inyland show	_	10a. State 10b. County		Oc. City, Town					10	Od. Inside City Limits
	Ba-f s	cto	Delaware New	Castle	WII	mington					1 XYes 2 No
	th with th	ai Director	10e. Street end Number 106 Devonshire	Road, Fa	airfax	10f. Zip Code	803		U.S.		try?
0000	n 72 hours after death with the Maryland "natural, or Items 23a or 28a-f show edical Examiner mast be notified at	by Funeral	11. Marilel Sletus 1 □ Never Merried 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Even Armed Forces? 1 Yes 2 Armed Forces? 1 Yes, Give Yeer or Dates:		13. Was Decadent of If Yes, specify Control of It Yes 2€24.	of Hispanic Origin? (Suban, Mexican, Puert Books of Specify:	pecify Yes or No- o Rican, etc.)	14. Rad Ble Specif	ce - Americ ck, While, o y: Wh	
5-0	72 h natu	etec	15. Decedent's Ed (Specify only highest gra	ducation	16e.	Decedent's Usuei Occ	cupation	kina	16b. Kind of B	usiness/ind	lustry
21215-0020	d withi	Completed	Elementary/Secondery (0-12)	College (1-4or 5+)		(Give kind of work doi life. DO NOT use ret Secretar		An y	Jaco	bs F	uel Oil
Maryland	d 2 should be filed th and Mentel Hygi 7 Is marked other traumatic event, II	To Be C	17. Fether's Neme (First, Middle, Last) Charles Seittl				18. Molher's Nan	ne (First, Middle,			
ary	2 should be and Mente is marked	-	19e. Informent's Name/Reletionship (19b.	Melling Address (Stra	et end Number or Ru	ral Route Numbe	r. City or Town	State Zin	Code)
	1 and 2 Health a em 27 is		John H. Yeigh-	Son		7 Columb					
altimore,			20a. Method of Disposition 1 Buriel 2 Remetion 3 4 Donetion 5 Other (Specific	memover from State	20b. Plece of cemeter	Disposition (Name of y, cremetory or other p	olece) Mar	ch ^{Dete} 4,	120c. Location	- City or To	wn, Stete
■ Balti	permit. Pages Department of Important: If I any Injury or once.		21. Signeture of Funerel Service Licer 23a. Pert1. Enler the disease, or comshock, or heert failure. List only	1500		Peake Cr 22. Name end Add Newnam 106 Sha	dress of Fecility	011000	Helf	anha	
	Physician /Medical Examiner		shock, or heert failure. List only a Immediate Ceuse (Finel disease or condition resulting in death)	e. Right Du Cardi					651,	1	Smithtle
		<u>a</u>		Du	e to (or es e c	onsequence of):					
ĺ	cate be executed physician end s the burial-transit	Examiner	Sequentially list conditions,	b. Cardi	e to (or es e o	onsequence of):	Arres				Smirules
68760,	rtificate be executed ng physician end s as the bunal-transit	Medical E	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest	c	e to (or es e c	onsequence of):		-			
Box 68	certifi ding		resulting in deeth) Lest	d						1	
E	0 0 2	SIC	Pert II. Other significant conditions of	ontributing to death but n	not resulting in	the underlying cause	given in Pert I.	23b. Did to	obacco use co	ntribute to	the cause of death?
, P.O.	res that the death igned by the atter be deteched for t	y Physician/i						1 🗆 Y	es 2000	3 Prob	ably 4 Unknown
Division of Vital Records,	aw requi	Completed by						24e. Wes e perfor		con	ore eutopsy findings pileble prior to appletion of cause death?
<u>~</u>	The page	TO.						1 🗆 Y	es 2 000	1□	Yes 2 No
Ta	dclan: The certificate rector, pag	Be (25. Wes cese referred to medicel				26. Place of Dee	th (Check only or	ne)		
>	Physic this ce	To	exeminer?	Hospital:	2 ER/Out	petient 3 DOA	ther:	ome 5 Reside		er (Specify	·)
o uo	Attending Physician: or death. ector: After this certific by the funeral director,		27. Menner of Deeth Delturel 5 Pending Accident Investigation	28e. Dete of Injury (Month, Dey Y	ear) 28b. Ti		jury et /ork? Yes 2 No	28d. Describe h	-		
Divisi	or Attendi	Certification:	3 Suicide 6 Could not be determined		- At home, far Specify)	m, street, factory, offic	е	28f. Location (Si City or Town		er or Rural	Route Number,
	Hospital 24 hours Funeral tely filled	edical Co	29a. Certifier (Check only one)	ysician: To the best of milner: On the basis of exiting and menner stated	aminetion end	deeth occurred et the /or investigation, in my	time, dete end plece, opinion, deeth occur	end due to the corred et the time, d	euse(s) and me ete end plece,	end due to	eted. the cause(s)
	To the within 2 To the comple	Me	29b. Signeture and little of parties				nse number		9d. Date signe		Day, Year)
			30. Neme end eddress of person who d	completed ceuse of deet	h (Item 23e) (1		12654 Kryhney		Marc	5	, 1997
	Sta	te	31. Dete filed (Month, Dey, Year)	Serlentsof 32. Registrers	Signeture	Ritchel	Highway	Arn	ale, n	no.	31017
	Registr		MAR 0 4		his David	son-Randelle	4				



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					Ce	ertificat	e of	Death		F	Reg. No.		
O'MONTHER OF		1. Decedant's Nama (First, Midd	lle, Last)							2. Date of Dea Month	ath Day	Vana	3. Tima of Death
Physicia /Medic	15000	Margaret El	izabeth F	riller	Zink					March	17 199	Year 97	12:30am
Examin		4e. Facility Nama (If not institution	on, give street end n	umber)				4b. City, To	wn, or Lo	ocation of Daath	4c. County	of Death	
		3709 Lookout Co	ourt							City	Howa	ard	
Funeral Director		5. Sociel Security Number 212-01-9512 Usual Rasidance of Decedant	6. Sex 1 □ M 2X F	7. Age (In y	rs. lest birthde Yrs.	Months	1 Yaer Deys	if Undar Hours	24 Hrs. Min.	8. Data of Birth (Month, Dey July 13	y, Year) 3, 1908	Cour	place (Stete or Foreign htry) yland
the Maryland 28a-f show soldfied at	ctor	10a. Stata 10b. Count Maryland None			City, Town or I							1	0d. Insida City Limits 1 Yes 2 No
0 21 B	Director	10e. Street and Number				10f. Zip	Code				10g. Citizan of \	Whet Cour	ntry?
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filed within 72 hours after death with the Maryla Hydien. ** The Medical Examiner must be notified at wrt. the Medical Examiner must be notified at	by Funeral	11. Maritel Status 1 □ Navar Married 2 □ Ma 3 □ Widowad 4 □ Divorce	ried Armed F	2 □No iva	1 U,S. 13	. Was Deced if Yas, spec 1 ☐ Yas				ecify Yes or No- Rican, atc.)	14. Rad Bled Specify	ck, Whita,	an indian, atc.
2 hou sture cal E			nt's Education		16a. Dec	edent's Usua	i Occur	pation			16b. Kind of B		
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2 should and Man is marks raumatic		19a. Informant's Name/Ralation	shlp (Type, Print)	***	19b. Ma	ling Address	(Street	t end Numb	er or Run	al Route Numbe	r, City or Town,	State, Zip	Code)
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es 1 and of Health I lisem 27 r other to		20a. Mathod of Disposition			D. Placa of Disposery, cr	osition (Nen	ne of			Date	20c. Location -		
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pamit. Page Department of Important: If I any Injury or 2058.		21. Signatura of Funaral Sarvica				22. Nama an	d Addra	ass of Facili	lv				2
Page 18 per		Sa a	(200	-457	9-12-1	larry 1	H. V	Vitzke	e Fur	neral Ho			
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Examiner		disaasa or condition rasulting in daath)	a. LO		myo part								Months
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need land	Completed									24a. Was a parfor		av	allabla prior to mpletion of cause
has 96.2	ם										,		death?
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	B	25. Was casa refarred to medica axaminar?							of Deetl	h (Check only or	ne)		
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h. After t	on:	27. Mannar of Deeth 1 ✓ Netural 5 □ Pandi	28a. Data (<i>M</i> or	of injury oth, Dey Year)	28b. Tima Injury	of 2	8c. inju	ry at rk?		28d. Dascribe h	ow injury occur	red	
death.	cat	2 ☐ Accident invest	gation			М	1 🗆	Yas 2□	No				
로봇드	Certification:	3 Suicida 6 Could 4 Homloide datam	ilned 288. Plac build	ling, atc. (Spe						City or Tow	m, Stete)		ol Route Number,
	Medical	(Check only 2 Medical one)	Α	a best of my k besis of axami nnar stated.	nowledga, daa Ination end/or I	nvastigation,	in my o	opinion, dea	d placa, th occurr	ed et tha tima, d	data and place,	end dua to	tha ceusa(s)
F 1 8		29b. Signature end titla of certific	11		CAM		1	sa number 12 7	1		Mar /		1997
Stat		30. Name and addrass of person MICHAE 31. Data filed (Month, Day, Year,	Silvery 32. F	nan 1	MD	1/08°	5 L	ittle	Pa	tuxent	Parku	My C	MD 2/44
Stat Registra	i.e	unn 1	8 1997	di de	matura Ran	Call							
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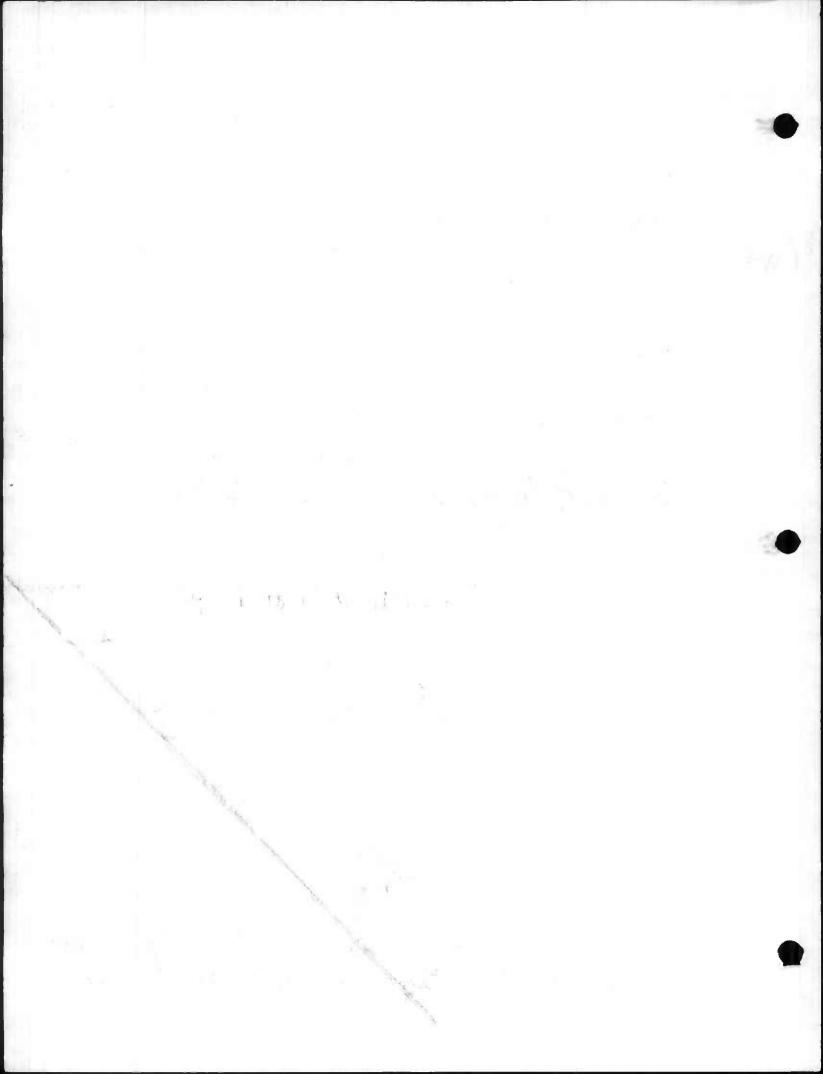
		1. Decedent's Neme (First, Middle,	Last)			ertificate of		2. Dete of De			3. Time of Death
Physic		Lawrence	>			Your	10	March	Dey 1	Yeer 997	2255 pm
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Exami	ier	SHADY GROVE ADV				}					PDV
<u> </u>				ge (In yrs. I			ROCKVIL If Under 24 H	S. 8 Date of Bir	th	TGOMI	
Funeral Director		220-34-4607	4534 005	57	Yrs.	Months Deys	Hours Mi	n. (Month, De Dec 25	y, Year) 5,1929	Mai	lace (Stete or Foreign try) ryland
the Maryland		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City	. Town or					1	0d. Inside City Limits
1 23a or 28a-f show	ō			,		hersbur	~			Ι.	1⊉ Yes 2 No
100	Funeral Director	Md Mont 10e. Street end Number	gomery		Gart	10f. Zip Code	<u></u>		40- Ohion of h	10-10-11	Α
N N	ត់					,			10g. Citizen of V		ntry r
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Items Inst. ms	Š	11. Marital Stetus	12. Was Deceden Armed Forces		s. 13	. Was Decedent of H If Yes, specify Cub	en, Mexican, Pu	(Specify Yes or No erto Rican, etc.)	Bied	e - Americ k, White,	
5 E	þ	1 ☐ Never Married 2X Merried 3 ☐ Widowed 4 ☐ Divorcad	I ☐ Yes IX☐ If Yes, Give Yeer or Detes:			1 ☐ Yes 2 🖾 No	Specify:		Specify	В.	lack
"netural", or ite edical Experies	Completed	15. Decedent's (Specify only highest	Education grade completed)		(Giv	edent's Usuel Occup re kind of work done DO NOT use retired	during most of w	orking	16b. Kind of Bu	isiness/Ind	dustry
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ant:		4 ☐ Donetion 5 ☐ Other (Spe	cify)	Ga	te C	f Heaver	n Cem.	3/22	Silver	Spi	ring, Md
Department of Health Important: If Item 27 any Injury or other to once.		21. Signature of Funerel Servica Lie	egsee /			22. Name end Addre Snowden		1 Homo	D 7 3	0050	1
66560		5 Lines &	Ma	wel	w	246 N. V					
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	Je		h.	10	L	5					1/55
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g physician end as tha burial-trai	EX	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	1	- 6	La	,					11.00
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d for	icia	Pert II. Other significant conditions	contributing to death	hut not resu	Iting in the	underfying cause oil	ren in Pert I	23h Did	tobacco uea co	atribute to	the cause of death?
y th	Physician/M		out the tring to occur	Dat Hot 1000	iting in the	arroomy mig ou aso gre	on any oren.		Yes 210 No	3 Prot	
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r, pa								10	Yes 2500	1 L	Yes 2□ No
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the de	7°	1 ☐ Yes 208-No 27. Megner of Death	1 L Inpat		R/Outpeti	ent JULOUA	4 LI Nursing	Home 5 Resi			y) <u> </u>
or death. Inctor: After this cartification the funerel director,	Certification:	Neturel 5 ☐ Pending	28e. Dete of Inj (Month, D	ay Year)	28b. Time Injury	Wor		280. Describe	how injury occur	ed	
death.	cat	Accident Investigat	ho				Yes 2 □ No				
after of Direct d in by	ŧ	4 ☐ Homicide determine	28e. Pleca of In building, e	ijury - At ho tc. <i>(Specify</i>	me, farm, s	street, fectory, office		City or To	Street end Numb wn, Stete)	er or Hura	il Houte Number,
24 hours after Funeral Directory filled in											
24 hours Funeral etaly filled	edical	rument only 34 Medical Ex	hysician: To the best aminer: On the basis of	of examinati	rledge, dea on and/or	ath occurred at the tire investigation, in my o	ne, dete end ple pinion, deeth oc	ca, end due to the curred et the time,	date end place,	nner es si end due to	teted. the ceuse(s)
100	Med	29b. Signature and title/of confiler	and menner s	teted.							
of the	-	AUT. Symmure and Illigrat opiginet	1/2011			29c. Licens			29d. Date signe		
within 24 hours after death. To the Funeral Director: After completely filled in by the funer			VIAVALI	1100	/		397	+	March	1/5	11997
To the		soveque	W. Cour	000							
To the		30 Name and address of person with	o completed cause of	deeth (Item	23e) (Type	e, Print)	F	- 1	.11	11	2000
To the		Robert Willman.	MD 970;	Tylec	ical	Coufer]	nive #7	50 Rock	sille, u	us	20850
Sta Registr		O-L' FUNI	M) 970	1/1	i Ca (n ve \$7	50 Rock	sille, u	ud	20850

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State of Maryland / Department of Health and Mental Hygiene 97 10392

					Cen	illicate U	f Death		Reg. No.	, ,	0302
businian	1. Decedent's Name	(First, Middle, La	st)					2. Dete of De		Year	3. Time of Death
hysician /Medical	Dona	ald	Acosta					April	3	1997	1:10 am
xaminer	4e. Fecility Neme (If	not institution, giv	e street end num	ber)			4b. City, Town, or	Location of Deet	h 4c. Coun	ty of Deeth	
	Johns Ho	pkins Bo	ayvien Mi	edical	Center		Baltimo	ore	N/	Д	
ral	5. Social Security Nu		Sex 7	. Age (In yrs. I		If Under 1 Year Months Dey		8. Date of Bir (Month, De	th oy_Yeer)	9. Birthpl	lace (Stete or Foreign
tor	216-28-8	3707	X 141 2 3 1	6	3 Yrs.			7-11-	-33	MARY	"E"AND
	Usual Residence of I	10b. County		10c. City	, Town or Loc	ation				10	0d. Inside City Limits
5	LODVI OND										1 ☐ Yes 2√ No
Directo	MARYLAND 10e. Street and Num		LTO.	В	ALTIM	10f. Zip Code			10g. Citizen of	What Count	
Ö	8302 ORG	CHARD D	D T VE			212			US		
era	11. Marital Status	STIAND D	12. Was Deced	ent Ever in U.	S. 13. W			pecify Yes or No		ica - America	an Indian.
by Funeral	1 Never Marrie		Armed Ford 1 XYes 2 If Yes, Give Yeer or Det	es?		Yes, specify Cu □ Yes 2⊠ N	Hispenic Origin? (S ben, Mexican, Puert o Specify:	o Rican, etc.)	Spec	eck, White, e	
Pa		15. Decedent's E		03.	16a Decede	ent's Usuel Occ	upation		16b. Kind of		
Completed	(Specif	fy only highest gre	de completed)		(Give k	ind of work don O NOT use reti	e during most of wor red)	rking	TOD. TAILU OF	_ 501030/1110	
Eo	Elementery/Second		College (1-4	tor 5+)	SALE	SMAN			AUTO	PARTS	
BeC	17. Father's Neme (F)				18. Mother's Nan	ne (First, Middle	, Meiden Suma	me)	
To B	AUGUST D	DEMBECK					MARY L	. BRONA	KOWSK	I	
-	19e. Informent's Ner	me/Relationship (Type, Print)		19b. Mailing	Address (Stre	et end Number or Ru	irel Route Numb	er, City or Tow	n, Stete, Zip	Code)
	MS. DOROT	THY ACO	STA		8302	ORCHAR	D DRIVE	BALTO.	MD.	21222	
	20e. Method of Dispo		-		ace of Dispos	ition (Neme of atory or other p	(aca)	Dete	20c. Location	- City or To	wn, Stete
		Cremation 3 ☐ 5 ☐ Other (Specif		ate		CEMET	,	4-5-97	BALTO	. MD.	
	21. Signature of Fund										
BUCB	(Man	11-K	Maha	11011			ress of Facility ISKI FUNI IDALK AVI			MD 3	21222
	23a. Part1. Enter the shock, or heert	e disease or com	plidations that day	rsed the death	Do not ente	01 DUN	VIDALK AVI	Or respiretory e	TL IU.	MD . Z	Approximete
n	shock, or heert	feilure. List only	one cause on ee	ch line.			, ,				Intervel Between Onset end Deeth
	Immediate Ceuse (F				U#		. l. +			1	7 days
	disease or condition resulting in deeth)		θ			ruly ac	CLAUN			-	100.193
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cal	thet initiated events		C,	Due to (or	es e consequ	ence of):					
Medical	resulting in deeth) Le	est									
A Par			d							<u> </u>	
sici	Part II. Other signific	cent conditions of	ontributing to dea	th but not resu	Iting in the uni	derlying cause o	given in Pert I.	23b. Dld	tobacco use c	ontribute to	the cause of death
Physician/P			•			, , , , , , , ,			Yes 2500		ably 4 Unknow
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0										0.45 144-	re eutopsy findings
ted by								24e. Wes	en eutopsy	24D. WE	llable prior to
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Completed	25. Wes case referre	ed to medical					26. Place of Da	perfo	Yes 2 No	cor of c	pliable prior to npletion of cause deeth?
Be Completed	25. Wes case referre exeminer? 1 □ Yes 2 N N		Hospitel:	patient 2	ER/Outpetient	3□ DOA C	26. Place of Dea	perfo	Yes 2 No	of c	ollable prior to mpletion of cause deeth?
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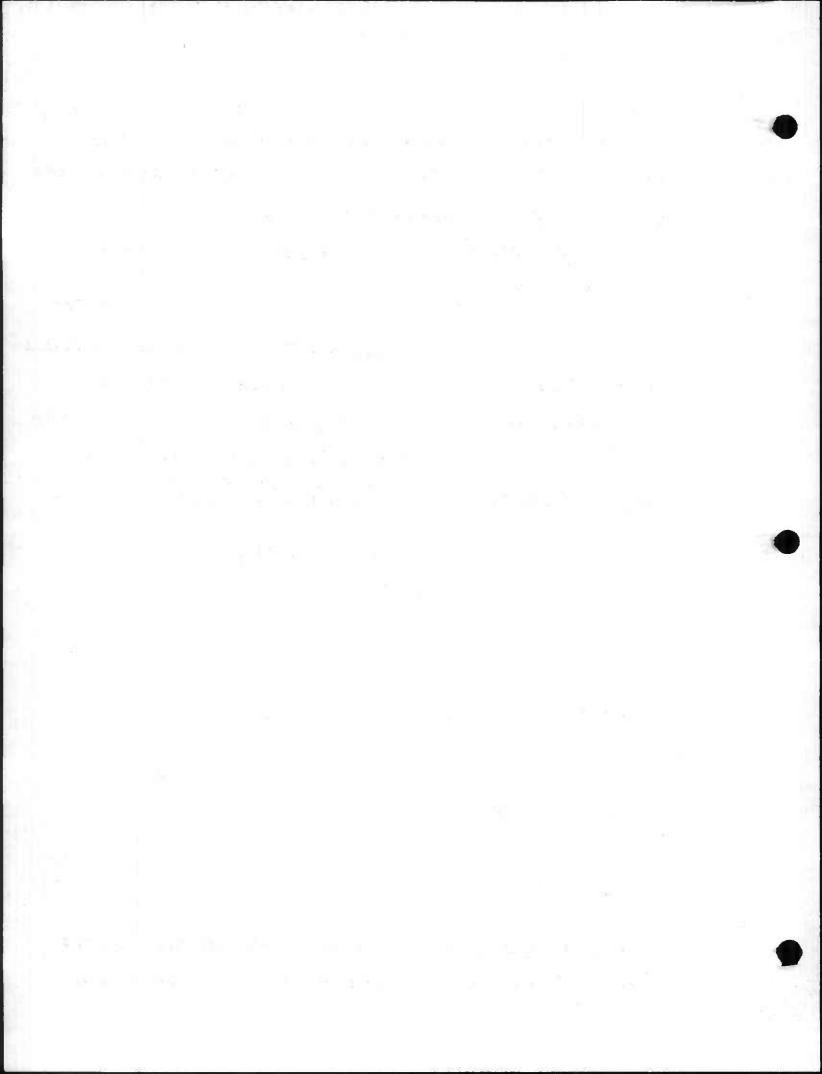


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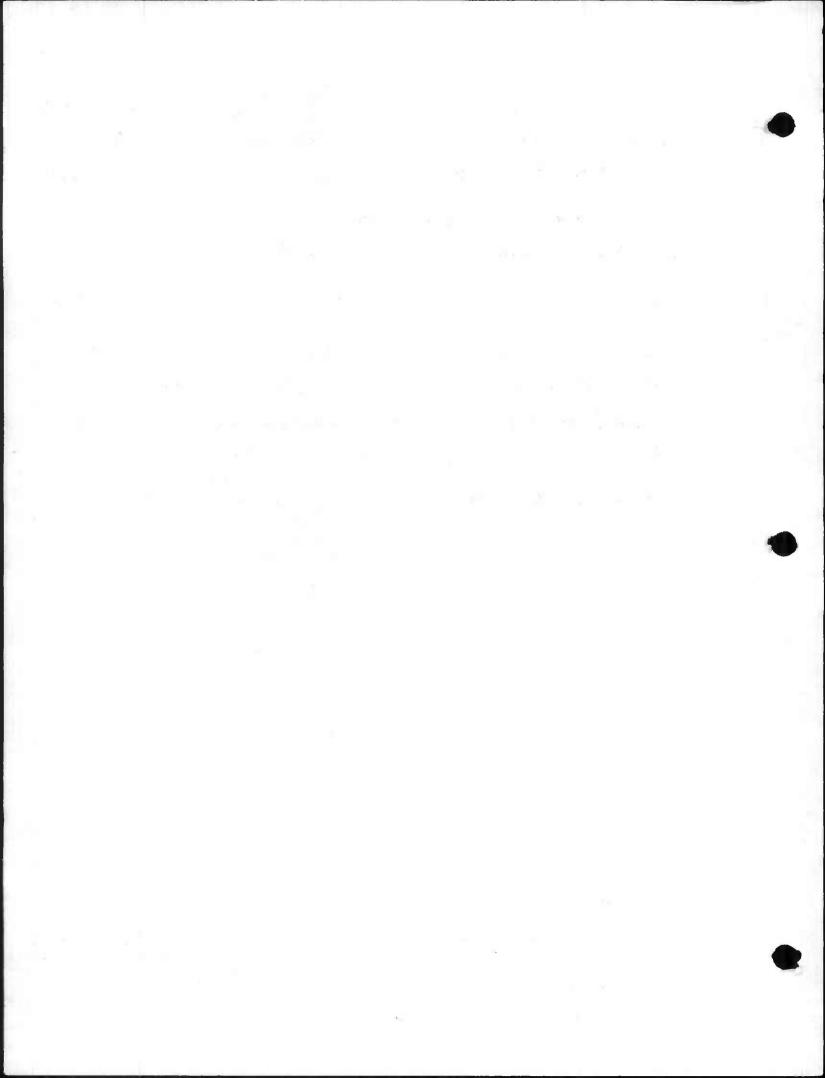
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THORSE STAIN HOSE STAIN TO THE ALTHUR BOND FROM THE STAIN THE STA	D1	.	1. Decedent's Nama (First, Middle, Las	t)					Voer	3. Time of Death
## Facility New Control Properties Part			ARTHUR B	OND				6 19	97	15:18
Principle Social Social Social Principle Social Social Principle Social Social Principle Social Pr			4a. Facility Nama (If not institution, give	street end number)		4b. City, Town, or Lo	cation of Death	4c. County of	of Death	
Usual Parallelation of Decoded Tigo Sales Oc. Carry Tigo Sales			SINAI HOSE	ITAL OF B	ALTIMORE				CIT	Y
Table Tabl			217129808 1	Au alle	Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day OCT ZZ	Year) 1922	9. Birthol Count	ace (State or Foreign try) RYLAND
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The state of the	Sert sh	ctor	1.12	Y BA		CITY				1X Yas 2□No
Specific Control Specific Co			10e. Street and Number	AVENUE	,	1224	1	_	-	
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19. Mothers Name (Prist, Middles, Manusch Summan) 19. Mo	5	ted	15. Decedent's Edi	ucetion de completed)	16a. Decedent's Usual Occu	pation	na			
19. Mothers Name (Prist, Middles, Manusch Summan) 19. Mo	24 mm 24	npie			life. DO NOT use retire	(bd)	•	RETUI	CHE	STEE
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Physician Medical Examiner Physician Modern Physician Modern Physician	or land of Heat		20a. Method of Disposition	20b. PI	ace of Disposition (Name of		Date	20c. Location - 0	City or Tox	wn, State
Physician Medical Examiner Physician Modern Physician Modern Physician	L. Pag trment rtant: II		4 ☐ Donation 5 ☐ Other (Specify,	GR	EEN MOUNT	CEM 4	18/97	BALT	D. K	10
Physician Medical Examiner Physician	Ball permit		21. Signature of Funeral Sarvice Licens	Seluski	CHARLE	5 SIZE	ILER.	+50N		
Physician (Medical Examiner) The top of the second of the			23a Part Erer tha disease, or comp	lications that caused the death	. Do not antar tha mode of dy	ing, such as cerdiac o	or raspiratory arr	ast,		Approximate
Sequentially list conditions. Sequentially list conditions. Due to (or as a consequence of): a far y, leading to immediate devents the southing in death) Last Due to (or as a consequence of): a far y, leading to jumediate devents the southing in death) Last Due to (or as a consequence of): a far y, leading to jumediate devents the southing in death) Last Due to (or as a consequence of): a far y, leading to jumediate devents the southing in death) Last Due to (or as a consequence of): a far y, leading to jumediate devents the southing in death) Last Due to (or as a consequence of): a far y, leading to jumediate devents the southing in death) Last Due to (or as a consequence of): a far y, leading to jumediate devents the southing in death) Last Due to (or as a consequence of): a far y, leading to jumediate devents the southing in death) Last Due to (or as a consequence of): a far y, leading to jumediate devents the southing in the underlying course given in Part I. Last y and the southing in death but not resulting in the underlying course given in Part I. Last y and the southing in death but not resulting in the underlying course given in Part I. Last y and the southing in death but not resulting in the underlying course given in Part I. Last y and the southing in death but not resulting in the underlying course given in Part I. Last y and the southing in death but not resulting in the underlying course given in Part I. Last y and the southing in death but not resulting in the underlying course given in Part I. Last y and the southing in death but not resulting in the underlying course given in Part I. Last y and the southing in death but not resulting in the underlying course given in Part I. Last y and the southing in death but not resulting in the underlying course given in Part I. Last y and the southing in the underlying course given in Part I. Last y and the southing in the underlying course given in Part I. Last y and the southing in the underlying course given in Part I. L	/Medical	Je.	disease or condition	a. Anoxi	e Encepha as e consequence of):	lopath	4		-	Onset and Death
Cause (Disease or Injury part II) The injury of the company of th	uted 3 ansit	E E		b. Myocan	rdial Inta	rction			- 1	
The second of th	O, exec		if any, leeding to immediate ceuse. Enter Underlying	Due to (or	as a consequence or):				1	
The state of the s	176 Ita be iysicii	icai	Cause (Disease or Injury thet initiated events	c. Due to (or	as a consequence of):				-	
The state of the s	X 68 Sertifica ding ph	3	resulting in death) Last	d						
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24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of ceusa of death? 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 Yes 2 No 1 Yes 2 Ye		hysi					400			
25. Was cese referred to medical exeminer? 26. Place of Death (Check only one) 27. Manner of Death 1	s that	y P	Laryngeal ca	runoma, tr	acheo-esc	phageal		es 20 140	OBLITOD	abiy 4 Dilkilon
25. Was cese referred to medical exeminer? 26. Place of Death (Check only one) 27. Manner of Death 1	ecords aw requires ts been sig	pleted t	fishal				24a. Was a perfor	an autopsy med?	con	allable prior to mpletion of ceusa
25. Was cese referred to medical exeminer? 26. Place of Death (Check only one) 27. Manner of Death 1	The It	E	1				1 🗆 Y	es 2 KNo	1'8	LYes 2□ No
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ANNE S. WILSON MD SINAL HOSPITAL OF BALTIMORE	ita en: rtiffce		25. Was cese referred to medical			26. Place of Death	(Check only or	10)		
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ANNE S. WILSON MD SINAL HOSPITAL OF BALTIMORE	ysici ysici is car	0		Hospital:	R/Outpatient 3□ DOA Ot	her:			r (Specify	()
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ANNE S. WILSON MD SINAL HOSPITAL OF BALTIMORE	ion o nding Ph nth. : After th e funaral		1. Neturel 5 ☐ Pending			iry at prk?				
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ANNE S. WILSON MD SINAL HOSPITAL OF BALTIMORE	Divis	Sertific	dataminad	28e. Place of Injury - At hor building, etc. (Specify,	me, farm, street, factory, office		28f. Locetion (S City or Town	treet end Numbe n, State)	or Rure	l Route Number,
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ANNE S. WILSON MD SINAL HOSPITAL OF BALTIMORE	Hospita 24 hours Funeral letely fille		(Check only 2 Medicel Exami	ner: On the basis of examinati	rledge, deeth occurred at the ti on end/or investigation, in my	ime, date and place, a opinion, death occurre	and due to the c ed et the time, d	ause(s) end mar late and place, a	ner as stand due to	ated. the cause(s)
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ANNE S. WILSON MD SINAL HOSPITAL OF BALTIMORE	orthin comp		29b. Signature and the of certifier		29c. Licen	se number	2	9d. Date signed	(Month, I	Day, Year)
ANNES WILSON MD SINAI HOSPITAL OF BALTIMORE	- > - 0		hanne 1.	Wilson Mo	AS 24	102321-929	3Z-AW	APRIL	61	997
31, Dete filed (Month, Day, Year) 32 Registrate Defeat Park	r.		A	4 -		HOSPITA	LOF	BALT	Mr	ORE
	Ch	ato.	31. Dete filed (Month, Day, Year)	32. Registrate than	Bindalla	, , , , , ,	_ 01	TOTT IN T	.,	

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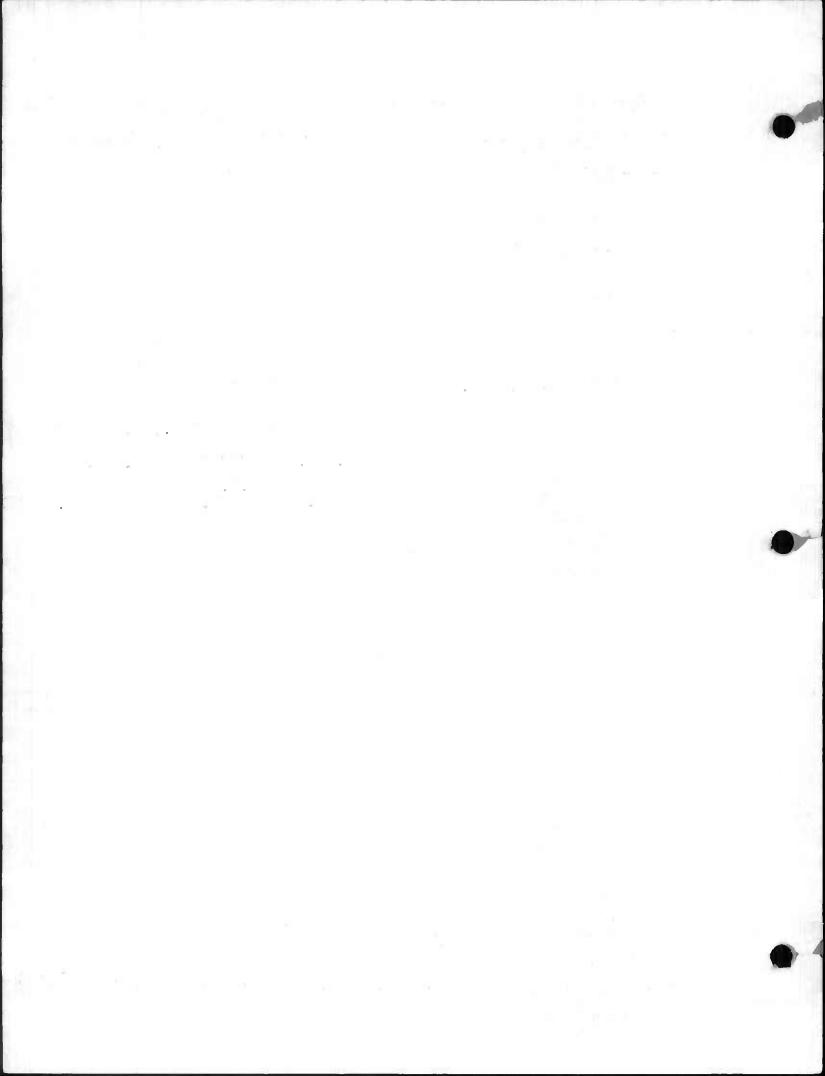
				Ce	ertificate of		R	eg. No.	
Dhusia	-	1. Decedent's Neme (First, Middle, Last)					2. Dete of Dee		3. Time of Death
Physic /Medi		JOHN	BALL				april	3 199	7 11 PM
Examir	ner	4a. Fecility Nema (If not institution, give s STELLA MARIS @				4b. City, Town, or BACTIN		4c. County of I	Deeth
Funeral Director		211200 1000 1	44 A 🗆 🗆 .	n yrs. lest birthday	// If Undar 1 Year Monfhs Days		8. Deta of Birth (Month, Day	Year) 9.	Birthpleca (Stata or Foraign Country) UIEGINIA
p		Usual Residence of Decedenf 10e. Stete 10b. County	11	0c. City, Town or L	ocation				10d. Inside City Limits
the Maryla 28a-f sho notified at	tor	MD. N/A		BALTIN	TORE				1 Vas 2 No
h with the 28 or 28s at be not	Funeral Director	10e. Street and Number 315 Gwynn	AVE,		10f. Zip Code	229	1	0g. Citizan of Wha	
NA PLANT	by	11. Manitel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	2. Was Decedent Eve Armed Forces? 1 2 Yes 2 No If Yas, Giva Yeer or Detes:	er In U,S. 13.	. Was Dacedanf of If Yes, specify Cut	Hispanic Origin? (S ben, Mexican, Puart Specify:	pecify Yas or No- o Rican, etc.)	Bleck, \	Amarican Indian, White, etc. BLK.
villight by withing the Medical	Be Completed	15. Decedent's Educ (Specify only highast grade Elementery/Secondery (0-12)	cation completed) College (1-4or 5+)	1	edent's Usual Occu e kind of work done DO NOT use retire	pation of during most of word od)	king	16b. Kind of Busin	ess/Industry
fand 2 lid be filed tental Hygi ked other	To Be Co	17. Fether's Neme (First, Middle, Last) FORD F. 134				18. Mofher's Ner		Maidan Sumama) KELLE	= \
Maryland nd 2 should be file sith and Mental Hy 27 is marked oth r traumetic even		19e. Informent's Neme/Relationship (Ty) CLIFTON 13. H	oe, Print)			et end Number or Ru	ıral Routa Numbei	, City or Town, Ste	ate, Zip Code)
altimore, final part and partment of Health portant: if Item 27 y Injury or other to		20e. Mathod of Disposition **Surial 2 Crametion 3 R 4 Donetlon 5 Other (Specify)	emoval from State		oosition (Neme of emetory or othar ple		Dete	20c Location - City	
Balti permit. Departm imports any inju		21. Signeture of Funeral Service License	4	2	22. Name end Addr	ess of Fecility **	PH.111	55	Tio, MD 21217
Physician /Medical Examiner). 	23a. Pert1. Enter the diseese, or complishock, or heert failure. List only on Immediate Cause (Finel diseasa or condition resulting in death)	e ceuse <i>on</i> eech line. Matasta Du						Approximata Interval Between Onset and Deeth
68760, ficate be executed physician and ts the burial-transit	edical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants		e to (or es a conse					
	950	resulting In deeth) Last		e to (or as a conse	equence ory.				
15, P.O. B. res that the death signed by the atterned for the detached for	Physician/N	Pert II. Other significant conditions confirmed from the conditions confirmed from the conditions c	ributing to death buf n	ot rasulting in the	underlying causa g	iven in Part I.	23b. Did to	- \/	bute to the cause of death? Probably 4 Unknown
Porce requirements	Completed by						24a. Wes a perform	n eutopsy 2 ned?	24b. Were autopsy findings available prior to completion of cause of death?
The law ate has page 2:	mo						1 🗆 Y	s 2 No	1 ☐ Yes 2 ☐ No
f Vital I ysician: The ysician: The grace of the page director, page	Be	25. Wes case referred to medical axaminer?					eth (Check only or	STELLA M	MARIS AT MERCY
	P_	1 Yes 2 No		2 ER/Oufpatie	AND DOW			ence 6 Other ((Specify) HOSPICE
C 2 2 2 2	edical Certification:	27. Menner of Death 1 Neturel 5 Pending investigation 3 Sulcide 6 Could not be	28e. Dete of Injury (Month, Dey Yo		M 1	Yes 2 No		ow injury occurred	or Purel Pouts Number
Divisio To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the fu	ol Certif	4 Homicide determined	28a. Piece of Injury building, atc. (s	Specify)			City or Town	n, Stete)	or Rural Routa Number,
Hoa 24 h Fun letely	dice	(Check only one) 2 Medical Examin	er: On the basis of example and menner steted	amination and/or li	nvestigetion, in my	opinion, deeth occu	red et the time, d	ete end plece, end	due to the cause(s)
To the within To the comp	Me	29b. Signatura end title of certifler	renom	165	29c. Lican	se number 90480	2	9d. Date signed (A	Nonth, Dey, Year)
10		30. Name and address of person who con	npleted cause of deetl	n (item 23e) (Type	9, Print) 58/	O BEZ	914 RD	76	4,1997
Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrer's	Signeture					



State of Maryland / Department of Health and Mental Hygiene

10385

		Ce	ertificate of Deal	th	Reg. No.	
Physician	Decedent's Name (First, Middle, Last) Mabe 1. Decedent's Name (First, Middle, Last)	Bailer	/	2. Data of D Month	'/ Day	3. Time of Death
/Medical Examiner	4a. Fecility Name (If not institution, give street and number Northwest tospital	"Center	Kar	Town, or Location of Dea		of Death
Funeral Director	4Day XXE	Aga (In yrs. last birthday Yrs.	Months Days Hour		irth ey, Year) 36	Birthplace (Stete or Foreign Country) MARYLAND
the Maryland 28a-f show notified at	10a. State 10b. County	10c. City, Town or I				10d. inside City Limits 1 ☐ Yas 2 No
or the Ma or 28a-fa be notified Director	MD BALTIMORE 10e. Street and Number	RANDA	ALLSTOWN 10f. Zip Code		10a Citizon of l	
意 きま 古	3110 FAIRVIEW ROAD		21207		10g. Citizen of \	What Country?
and the second	11. Marital Status 12. Was Decedar Armed Forces	nt Evar in U,S. 13	. Was Decedent of Hispanic If Yes, specify Cuban, Maxi	Origin? (Specify Yas or Nican, Puarto Ricen, etc.)	US o- 14. Rac Blac	e - Amarican Indian, ck, White, etc.
00050 H	1 Never Married 2 Married 1 Yes 2 If Yes, Give Yaar or Dates		1 □ Yes XXNo Spec	ity:	Specify	BLK
7	15. Decedent's Education (Specify only highast grade completed)	18a. Dec (Giv	edent's Usual Occupation re kind of work done during n DO NOT use ratirad)	nost of working	16b. Kind of B	usiness/Industry
Maryland 21215-0020 d 2 should be fied within 2 four-ath in and Marial Hygiens. This marked other than natural-Q traumatic event, the Medical Super To Be Completed by P	Eiamantary/Secondary (0-12) College (1-4o	r 5+)	INISTRATOR		GOVE	RNMENT
yland build be fit Mental H wrked oth stic even	17. Father's Name (First, Middle, Last) SYLVESTER CAMPER S	R.		other's Name <i>(First, Middle</i> LORENCE		ERTS
Maryla d 2 should th and Mer T is marke traumatic	19e. Informant's Name/Relationship (Type, Print)	19b. Mai	ling Address (Street end Nur			
timore, Ma	LAMONT BAILEY (SON 20a. Method of Disposition	20b. Piece of Disp	O FAIRVIEW position (Neme of emetory or other plece)	ROAD BAL	TIO MI 20c. Location -	21207 City or Town, State
Pag Pag ment ant: I	4 Donation 5 Other (Specify)	ARBUTU	JS MEM. PK.	4/5/97	BALTI	O.,MD.
Ball Separt mport my in	21. Signature of Funeral Sarvice Licensee		22. Name and Addrass of Fa	E. I. P	HTLLTPS	S F/H PA
M GDESO	Marcha Declar	CFSP 1	721-27 N. I	MONROE ST.	BALTIN	MORE, MD. 212
	23a. Part1. Enter tha disaasa, or compilcations that ceus shock, or heart failure. List only one cause on each	ad tha daath. Do not el line.	nter the mode of dying, such	as cardiac or raspiratory	arrest,	Approximate interval Between
Physician /Medical	Immediate Cause (Final					Onset and Death
Examiner	disease or condition resulting In death)	Stemic	Amylos	20512		3 mo.
je literatura		Due to (or as a conse	equence of):	c La	(-	
oxecuted in and ial-transit Examiner	Sequentially list conditions,	Due to (or as a gonse	equenca of):	12104	MACH	
	Sequentially list conditions, if any, leading to immediate ceuse. Enter Undertying Cause (Disease or Injury		114	200		
x 68760, sertificate be executed ding physician and se as the burial-transit	that initiated events resulting in death) Last	Due to (or as a conse	equance of):			
oentification iding	d					
Geath of for und for u	Part II. Other significant conditions contributing to death	but not resulting in the	underlying causa given in Pa	art i 23b Dio	I tobacco use co	ntribute to the cause of death?
Is, P.O. Bc es that the death igned by the atter be detached for u by Physician	Congestive He	art F	ailure		Yee 2 No	3 □ Probably 4 □ Unknown
cord requir been s should					s an autopsy formed?	24b. Were autopsy findings available prior to completion of cause of death?
The law rate has page 2				1 🗆	Yes 2 No	1 ☐ Yes 2 ☐ No
Vital Indicate rector, pag	25. Was case referred to medical examiner?			ace of Death (Check only	one)	
Of Vita Physician: this cartific ral director, To Be	1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpa			Nursing Homa 5 ☐ Ras		
Affer funer funer funer	27. Magner of Death 1 Natural 5 Pending (Month, Decident Investigation)	jury Se <i>y Year)</i> 28b. Time Injury			how injury occur	red
Vision Attending or death. ector: After by the fune	2 Could not be	niury - At home, farm, s			(Street end Numb	per or Rural Route Number,
Division of the or Attending P is after death. al Director: After to death by the funers in by the funers Certification:	4 ☐ Homicide determined building, of	njury - At home, farm, s etc. <i>(Specify)</i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City or To	iwn, Stete)	
n 24 hound n 24 hound he Funer pletely fill	29a. Certifier (Check only one) 12 Certifying Physictan: To the besis and manner:	of axamination and/or i	th occurred at the time, date nvestigation, in my opinion, o	and place, and dua to the death occurred at the time	e cause(s) and ma , date and place,	anner as stated. and due to the ceuse(s)
To troth com	290. Signature and bue of bugiller	> ME	29c. Licansa number	er 3 3	29d. Data signe	d (Month, Dey, Year)
2/7	30. Name and address of person who completed cause of	death (Item 23a) (Type	, Print)	3	113	D.Kavill
10	Chrysologue	Galul	oa.m.D.	2 Keserv	oir Cir	cle, m2.21201
State		trar's Signature	(A)			/
Registrar	APR 0 7 1997	riveriasen-Nov	P-COCO			



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medical Examiner

4e. Fecility Neme (If not institution, give street end number) E. 20th Street

1. Decedent's Name (First, Middle, Last)

4b. Cify, Town, or Location of Deeth BALTIMORE

2. Dete of Deeth 2,1997 Month Yeer April

3. Time of Deeth 2055hrs

10d. Inside City Limits

1 Yes 2 No

Funeral Director

"natural", or items 23s or 28s-f shoulded Examines must be notified at

the Medical

I Hygiana.

permit. Pages 1 end 2 should be filed Depertment of Health and Mantal Hyg Important: if item 27 is merked other any injury or other traumetic event,

Physician /Medical

Examiner

pue

the burial-trans

for use as ettending

ed by the e

director, page 2 should be

certificata has

To the Hospital or within 24 hours after death.

To the Funeral Director: After this or

or Attanding Physician:

The law requires that the death certificate be executed

P.O. Box 68760,

of Vital Records,

Division

Physician/Medical Examiner

by

Completed

Be

P

Certification:

Medical

other

Director

à

Completed

Be

filed within 72 hours eftar death with the Meryland

21215-0020

Baltimore, Maryland

219-52-4674 Usual Residence of Decedent 10a. Stete

5. Social Security Number

WILLIE

10b. County

1 VM 2 TF

10c. City, Town or Location

Yrs.

If Under 1 Year If Under 24 Hrs. 4-28-1950

18. Mother's Name (First, Middle, Maiden Surneme)

N Birthplece (State or Foreign Country)

10e. Street and Number Barclau Baltimore

7. Age (In yrs. lest birthday)

10f. Zip Code 21218

Days

10g. Citizen of What Country? S.

16b. Kind of Business/Industry

4c. County of Deeth

21 11. Marital Status

1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No Yes Give

 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cyben, Mexican, Puerto Rican, etc.) 1 Yes 2 No Specify:

14. Rece - American Indien, Bieck, White, etc. Specify: Black

15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12)

College (1 4or 5+)

16a. Decedent's Usuel Occupetion (Give kind of work done during most of working [ife. DO NOT use retired)

Baltimore City

17. Fether's Neme (First, Middle, Last)

Beard Wille Lec 19e. Informent's Name/Relationship (Type, Print)

Mattie 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

Barclay Street

Beatrice Daris Baltimore, Md

brother Lyrone Jacobs

20eLMethod of Disposition

1 Buriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Plece of Disposition (Neme of cemetery, cremetery or other place) Memorial Park

aporer

20c. Location - City or Town, Stete 4-5-97 Randals town

21. Signeture of Funeral Service Licensee

23a. Pert1. Enter the disease, obcomplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.

22. Neme end Address of Fecility Marchfuneral Home

Immediate Cause (Finel diseese or condition resulting in deeth)

Approximete Intervel Between Onset end Death

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest

Due to (or es e consequence of):

Due to (or es e consequenca of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contributa to the causa of death?

1 Yes 2 No

3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings evelleble prior to completion of cause of death?

2 No 26. Place of Deeth (Check only one)

2 No

25. Wes case referred to medical 15 Yes 2□ No

27. Menner of Deeth

1 Naturel

2 Accident 3 ☐ Şuicide

4 Homicide

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 5 Pending investigation

28b. Time of oys 2-97 Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes

Other: 4 \square Nursing Home 5 \square Residence 6 \square Other (Specify) SCENE 28d. Describe how Injury occurred

> 28f. Location (Street end City or Town, Stete) d Number or Rurel Route Number, 2072

29a. Certifier r he k only 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end pleca, end due to the ceuse(s) end menner stated.

abere and title of certifie 29b. Sid

6 Could not be

29c. License number O.C.M.E.

29d. Date signed (Month, Dey, Year) April 3, 1997

end address of person who completed cause of deeth (Item 23e) (Type, Print)

LARON (a) CK 32. Registrer's Signeture 31. Dete filed (Month, Day, Year)

111 Penn Street, Baltimore, Maryland 21201

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Item15 4-7-97 FilmG746 W.H.Per F/Hate of Maryland / Department of Health and Mental Hygiene Certificate of Death Item8.9 4-15-97 FilmG746 W.H.Per Informant 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Branch 11:35am April /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner frankford Lorien Baltin Battimore 5. Social Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplace (State or Foreign Country) Mary land 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Yeer) **Funeral** 1XM 2 F Days 216-34-8947 59 Yrs. Director Usual Residence of Decedent 10d. Inside City Linits 10a State 10b. County 10c. City, Town or Location 28a-f show Examiner must be notified at 1 Yes 2 No Director BALTIMORE Marykind Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 USA 6620 Springmill Circle 21207 items 23a Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 2 Yes 2 □ No If Yes, Give Year or Dates: 14. Race - Americen Indian, Black, White, etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 6 1 ☐ Yes 2 No Specify. BLACK. by 3 Widowed 4 □ Divorced "natural". Completed 15. Decedent's Educetion (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within 7 Depertment of Health end Mental Hygiene. Important: if Item 27 is merked other than "range injury or other traumatic event; it is the appear. College (1-4or 5+) Elementary/Secondary (0-12) 12 14 Insurance Manager INSUVance 17. Father's Name (First, Middle, Last) 18. Mothers Name (First, Middle, Maiden Sumeme) Branch JCO rge terven 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7936 Dunhill Village Circle 303. Daughkr Laura D. Branch Balto. Md. 21244 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ■ Buriel 2 □ Cremation 3 □ Removal from State 4-10-47 DRuid Ridge Cemetar 4 ☐ Donation 5 ☐ Other (Specify) Funeral Home Maryland 21. Service Licensee 22. Name end Address of Facility Unity R. Watters In 108 W. North Auc Baltimere Md. 2120 |
Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interview of the death inc. Approximate Intervel Between Onset end Death **Physician** /Medlcai Immediate Cause (Final Shock week disease or condition resulting in deeth) Examiner Physician/Medical Examiner 182V the buriel-transit The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest Due to (or es a consequence of) P.O. Box 68760, Due to (or as e consequence of): USe ate has been signed by the e page 2 should be deteched Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacço use contribute to the cause of death? 1 Tes 2 No 3 ☐ Probably 4 ☐ Unknown Records. þ 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? ertension 1 Yes 20 No 2□ No Division of Vital Hospital or Attending Physician: 25. Wes cese referred to medical examiner? director, Be 26. Place of Beeth (Check only one) Other: 4 virsing Home 5 Residence 6 Other (Specify) 1 Yes 2 1 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA filled in by the funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Pending investigation 1 Natural death. 1 ☐ Yes 2 ☐ No 2 Accident efter death 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital c within 24 hours of To the Funeral D completely filled i Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. 2 Medicel Examiner: On the best of my showing, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

29c. License number

Columbia, mo

(mo)

32. Register's, Signature Aundalie

29d. Dete signed (Month, Day, Year)

State Registrar 29b. Signature and title of certifier

(C8U5

Thomas Aluss

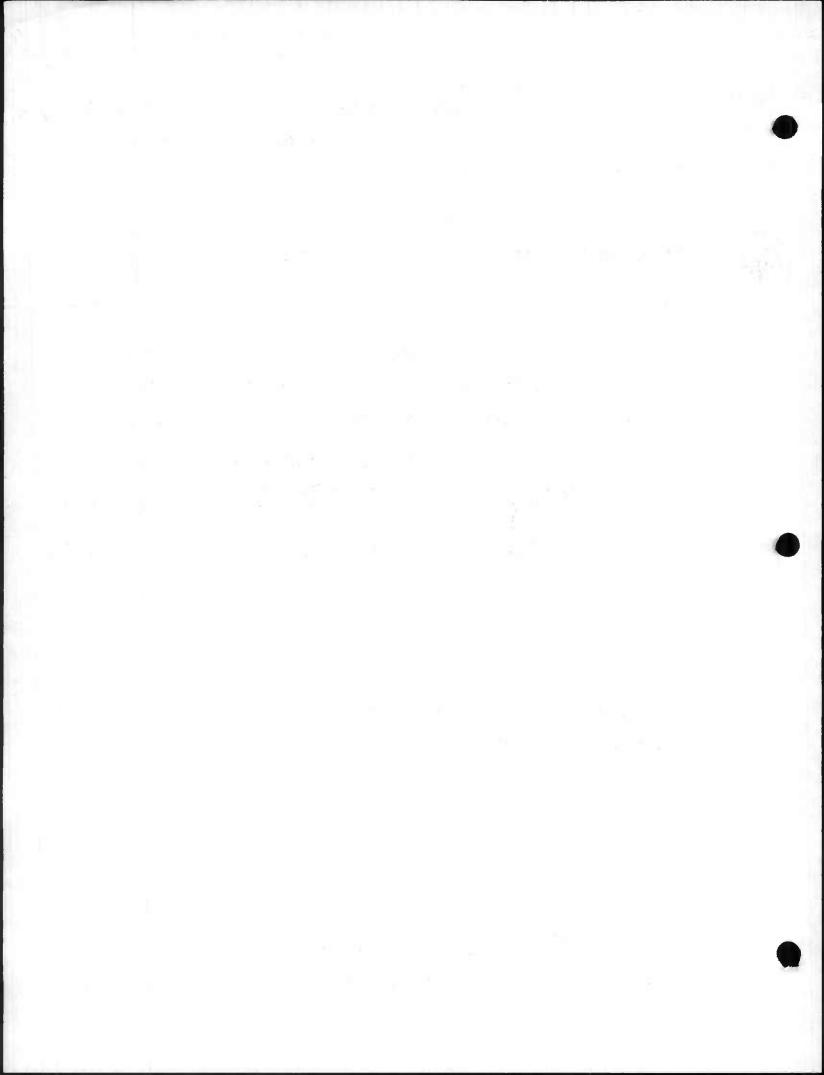
thekon

30. Neme and address of person who completed ceuse of death (Item 23a) (Type, Print)

DHMH 16 Rev 6/95

refree dection / A and Thinkey is shown & de To gle Con 21244

				Ce	niticat	e of	Death	1		Reg. No.		
Physician			GARET R	R R N	2 N W T I	^ 7			2. Dete of Do Month MARCH	eeth Dey	Yeer 997	3. Time of Death
/Medica Examine	An English Manne Office A free Albert	ion, give street end n			(OWI)		4b. City, To	own, or Lo	ocation of Dea	th 4c. Count		cn.
Funeral Director	5. Sociel Security Number 216-07-9780	6. Sex 1 M 2 F	7. Age (In yrs. Id 79	est birthday) Yrs.	If Under Months		If Under Hours		8. Dete of Bi (Month, D 5 - 3 - 1	irth	9. Birth	plece (Stete or Foreign ntry) YLAND
Sa-f show odfiled at	Usuel Residence of Decedent 10a. Stete 10b. Cour MARYLAND N	/ A		TIMOI								10d. Inside City Limits 1 Yes 2 No
	10e. Street end Number 413 S. WOLF	E STREET			10f. Zip	Code	212	7 1		10g. Citizen of		ntry?
	11. Marital Stetus 1 Never Married 2 M 3 X Widowed 4 Divorce	12. Wes De Armed F arried 1 Tyes	2 No		Was Deced If Yes, spec			lgin? (Sp n, Puerto	ecify Yes or N Rican, etc.)		ck, White,	can Indien, etc.
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Baltimore, N permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other 12 any Injury or other 12	20e. Method of Disposition 1 XBuriel 2 Cremetio 4 Donetion 5 Other		06	lece of Disponentery, cred	metory or o	ther ple		TER	Dete Y3-31	BALTO		
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		tions contributing to	death but not resu	llting in the u	nderlying o	ause gh	ven in Pert	1.	23b. Did	l tobacco use co	ontribute t	o the cause of death?
S, F.C. BG ss that the death igned by the atter be deteched for	DIABO	ETES	ME	= 21	74	5.	•		1	Yes 2□ No	3□ Pro	bably 4 Unknown
v require	DIABO MULTI	mfarci	T Z	EM	E	NT	TIK	2		s en eutopsy formed?	ev ev	Vere eutopsy findings velleble prior to completion of cause deeth?
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Of VITA Physician: this certific ral director,	1 ☐ Yes 2 No	Hospitel:	Inpatient 2 E	ER/Outpatie			ner: 4 🖎			sidenca 6 □Ot	her (Speci	ify)
DIVISION C Ball or Attending P. Is after deeth. In Director: After the din by the funera	27. Menner of Death Monterel 5 Pen- 2 Accident inve- 3 Sulcide 6 Cou 4 Homicide dete	ding (Mo stigation 28e. Plea	ce of Injury - At ho	28b. Time o Injury	М		ryet rk? Yes 2⊡	No	28f. Location			al Route Number,
Division of Vital Rewithin 24 hours after deeth. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2		ring Phyelclan: To the	ding, etc. (Specify to best of my know basis of exemineting stated.	vledge, deeti	vestigation	, in my c	plnion, de	eth occurr	end due to the	, dete end pleca,	and due t	to the ceuse(s)
To the within To the comple	29b. Signeture end title of certi	HEu	led in	ומי	290	c. Licens	se number	49	î	29d. Date signe 3 -2	ed (Month,	Doy, Your) 97 Md. 21204
9	30. Name and address of person	on who completed cau	use of deeth (Item	23a) (Type,	Print)	250	LEI	9	Dr. 7	Towse	N.	Md.
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State of Maryland / Department of Health and Mental Hygiene

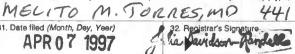
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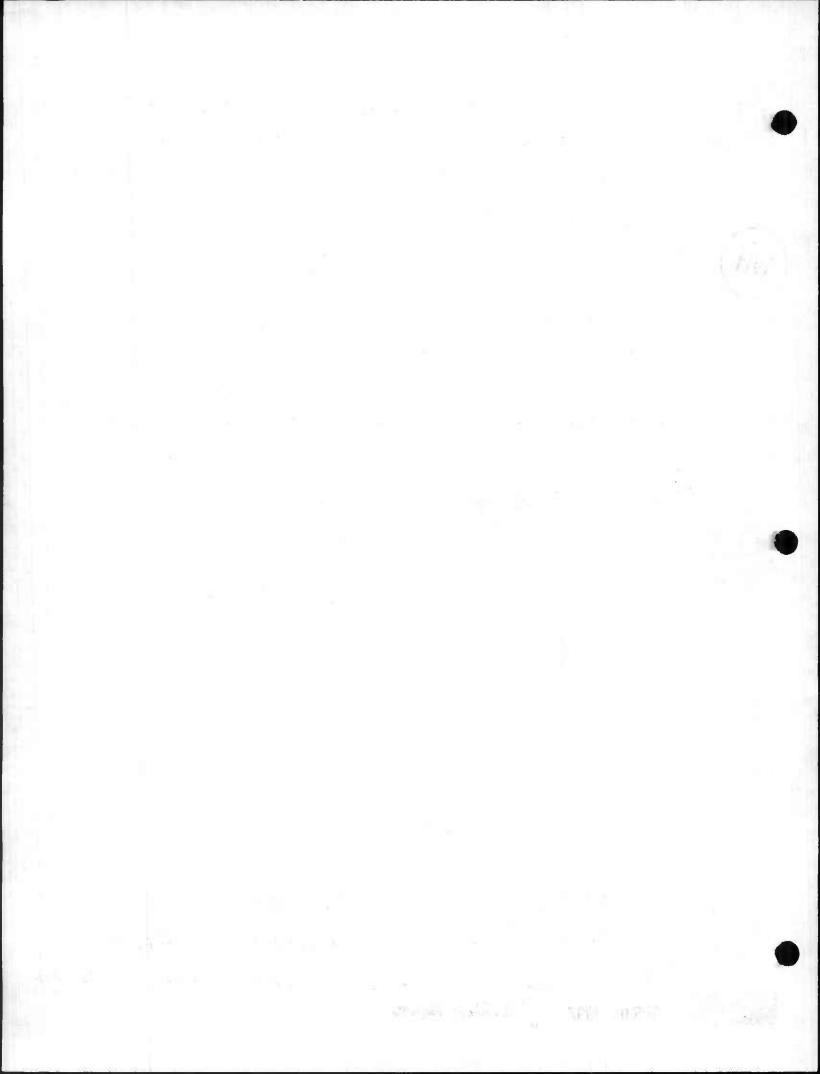
Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Data of Death 3. Time of Death Month Day **Physician** APRIL 1997 NELSON BAYNES 7:20PM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner BALTIMORE, 643 S. KENWOOD AVENUE If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) Birthplaca (Stete or Foreign Country) **Funeral** 10 M 20 F Yrs. **Director** 212-36-3512 MARYLAND Usuel Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1√2 Yes 2 □ No Director MARYLAND N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 643 S. KENWOOD AVENUE 21224 USA Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puarto Rican, atc.) 11 Marital Status 14. Race - American Indian, Black, Whita, atc. 1 Nevar Married 2 Married 1□Yas 2NNo Baltimore, Maryland 21215-0028 by Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16e. Dacedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry filed within Elementary/Secondary (0-12) al Hygiane. College (1-4or 5+) # 12 YEARS PRINTER BAUMGARTEN and Mental Hy s marked other 17. Fether's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be WESLEY BAYNES ELSIE DOREFLEIR 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Pages 1 and 2 ment of Health s ant: If Itam 27 Is ury or other tra MRS. BARBARA BAYNES 643 S. KENWOOD AVE. BALTO. MD. 21224 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 Burlal 2 □ Cremation 3 □ Removal from State Depentment of important: If any Injury or OAK LAWN CEMETERY 4-5-97 4 ☐ Donation 5 ☐ Other (Specify) BALTO. MD. ofura of Funaral Service 22. Name and Address of Facility KACZOROWSKI FUNERAL HOME WC 1201 DUNDALK AVE, BALTO. 21222 Pert1. Enter the disease, or complications that our sed the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on the fine. Approximate Interval Between Onsat and Deeth Physiclan /Medical Immediate Cause (Final disease or condition resulting in death) Examiner lmonary Disease Physician/Medical Examiner The law requires that the death certificets be axecuted burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest Box 68760. the Due to (or es a consequence of): for usa signed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Tee 2 No 3 Probably 4 Unknown g 24e. Was an autopsy parformed? 24b. Were autopsy findings avelleble prior to complation of ceuse of death? Completed has page 2 1 Yes 2 No 1 Yas 2 No this certificete Attanding Physician: 25. Was case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 250 No Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 1 Yes funeral 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending Investigation 1 PNatural after death. 1 Yes 2 No 2 Accident 6 Could not be determined To the Hospital or Attair within 24 hours after der To the Funeral Director complataly filled in by th 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) 1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, date and piece, end due to the cause(s) end menner as stated. Medical 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end manner stated. 29b. Signature and title of cert 29c. License number 29d. Date signed (Month, Dey, Year) (un) W11150 30. Nama and address of person who completed cause of deeth (Item 23a) (Type, Print) 441 S. ELLWOOD AUE, BALTO, MD 21224

State Registrar

31. Date filed (Month, Dey, Yeer)

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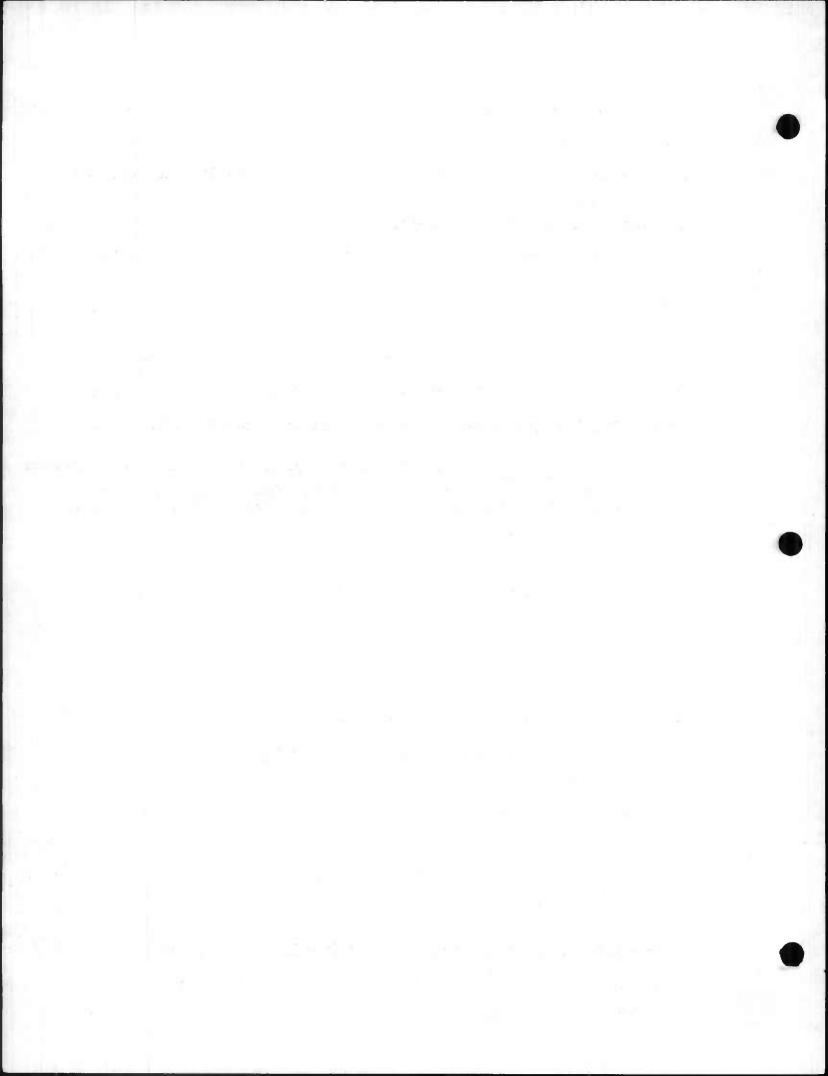




State of Maryland / Department of Health and Mental Hygiene

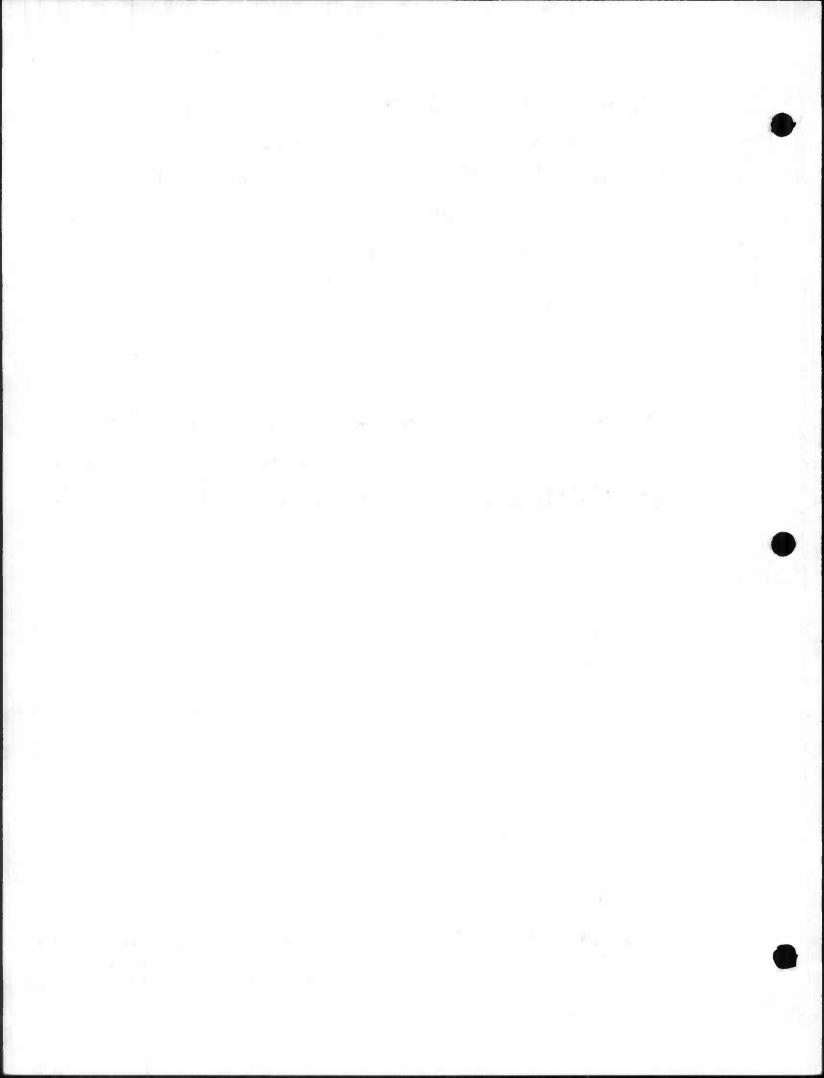
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Brenda Goeller (Daughter) 20. Method of Disposition 1	Aar	12 Strained		19e. Informent's Neme/Relationship (Type, Print)	19b. Meiling Address (Street and Number or Rurel R	loute Number, Ci	ity or Town, Stete, Zip Code)	
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State of Maryland / Department of Health and Mental Hygiene 97

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TZ h	Be Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)		16a. Deced	dent's Usual (Occup done	ation during most of work d)	ing	16b. Kin	d of Busines	s/Industry	
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Defitition of the state of the		1 Signature of Funeral Section 2 ☐ 2 ☐ Cremation 3 ☐ Other (Special Section 21. Signature of Funeral Section Lice	(1)	ale	rison	Forest	t V	eterans			gs Mil		
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or Attending Physician: The lew requires the effect of each. Director: After this certificate has been signed in by the funeral director, page 2 should be d	Completed by	HYPERTENSION	٩						24a. We	es en autop formed?	sy 24t	available	topsy findings prior to on of causa
The lew ate hes page 2:	mo								15	Yes 2€	- No	1 🗆 Yas	25 No
certificate	Be C	25. Was case rafarrad to medical				1101		26. Place of Deat	h (Check only	one)			
Physician: this certific ral director,	To	examiner? 1 ☐ Yes 2 5 N o	Hospital: 1 1 Inp	atient 2 🗆	ER/Outpatien	t 3 DOA	Oth				□Othar (Sp	pecify)	
Attending Physician: r deeth. ector: After this certific by the funeral director,	Medical Certification:	27. Manner of Death 1 Natural 5 Panding 2 Accident Investigation		Injury Day Year)	28b. Time of Injury	M 280	Wor 1	y at k? Yas 2 □ No	28d. Describe	e how Injury	occurred		
al or Attendir s efter deeth.	Certific	3 Suicide 6 Could not be 4 Homicide detarmined	28e. Plece of building,	Injury - At ho , etc. (Specify	ome, ferm, str	eet, factory, o	office		28f. Location City or To	(Street end own, State)	f Number or	Rurai Roul	e Number,
To the Hospital or A within 24 hours efter To the Funeral Direct Completely filled in b	edical	29a. Certifier (Check only one)	nysician: To the be miner: On the basis and manner	s of examinet	wledge, death tion end/or inv	occurred at restigation, in	the tin	ne, date and pieca, pinion, death occur	and due to the red at the time	e cause(s) e, dete and	end menner place, end d	as steted. ue to the c	ause(s)
To the To the Comp	M	29b. Signature and title of certifier	HOUSE	PHYSIC	CIAN			a number 2723		APRI	signed (Mo		(ear) 1997
19		30. Name and address of person who	completed cause	of death (Item	23a) (Type, A ∨ ∨ £	Print) RAHAU	-1	M HARIS	`H -	3745 BACTIN			READ R)
St Regist	ate rar	31. Dete filed (Month, Day, Year) APR 0 7 1997		offar's Signa	Mandale								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month Veer CORBET REK 07, APRIL 1997 04:32AM 4a. Fecility Nama (If not institution, give straet end number) 4b. City, Town, or Location of Death 4c. County of Deeth THE JOHNS HOPKINS HOSPITAL 7. Age (In yrs. lest birthday) BALTIMORE CITY If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 9. Birthplece (Sta Country) BERMUDA Birthplece (State or Foreign Country) 1□M 2□F Days 67 Yrs. N/A Usual Residence of Dacedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No N/A PEMBROKE , BERMUDA 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? JOHN'S ROAD 11 ST. N/A BERMUDA 12. Was Dacedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 11. Maritel Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puarto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: 3 Widowed 4 □ Divorced WHITE 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elemantary/Secondary (0-12) 1 2 Collage (1-4or 5+) ELECTRICIAN ELECTRITIAN 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) FRANK CORBETT VIOLET UNK. 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) DEREK CORBETT (SON 11 ST. JOHN'S ROAD BERMUDA 20b. Place of Disposition (Neme of camatery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Steta 1 Burlal 2 ☐ Cremetion 3 ☐ Removel from Stata 4 Donetion 5 □ Othar (Specify) ST. MARYS CEMETERY 04/11/97 BERMUDA 21. Signeture of Funaral Service Licenses 22. Name and Address of Facility HENRY W. JENKINS & SONS CO. 4905 YORK RD. BALTO., MD. 21212. Las 23a. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each lina. Approximete Intervel Betwe Onset end Death Immediate Ceuse (Final MYOCARDIAL 1 days diseese or condition resulting in death) Due to (or es e consaquence of): Artery disease Due to (or es e consequence of): 20 years Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Ware autopsy findings eveilable prior to 24a. Wes en eutopsy performed?

Physician /Medical Examiner

physician and the bunal-transit

signed t

page 2

certificete

Hospital or Attanding Physician: 24 hours after death. Funeral Director: After this certifice tely filled in by the funeral director, I

To the Hospital within 24 hours a To the Funeral Completely filled

Medical

The law requires that the death certificate be executed

Box 68760

P.O.

Records,

Division of Vital

Important: If Isem 27 is any injury or other tra once.

Physician

/Medical

Examiner

10a State

N/A

Funeral

Director

28a-f show

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21215

Baltimore, Maryland

with and Mental Hearty Is mark

Director

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Completed

Be

2

Examiner Sequantially list conditions, if eny, laading to immediata ceusa. Enter Underlying Ceusa (Disaase or Injury thet initiated evants resulting in deeth) Lest Physician/Medical angina þ hyperlipidemia

Be Completed 2 27. Manner of Daath Certification: 1 Naturel 2 Accident

Smoking 25. Wes cesa raferred to medical exeminer? 1 Yes 2 No

5 Pending Investigation 6 Could not be

28e. Data of Injury (Month, Dey Year) Not applicable M 1 = 28e. Place of Injury. At home, ferm, street, fectory, office building, etc. (Specify)

Hospital: 1 Impatient 2 ER/Outpatient 3 DOA 28b. Tima of

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

28f. Location (Streat and Number or Rural Route Number, City or Town, State)

29a. Cartifier

3 Suicide

4 Homicide

1 Certifying Physicien: To tha bast of my knowledga, daath occurred et the time, deta end placa, and due to the ceuse(s) end mannar as statad.

2 Medical Examinar: On the basis of examination and/or investigetion, in my opinion, daath occurred et the tima, data end place, and due to the ceusa(s) end mennar stated. 29c. License number 29d. Date signed (Month, Dey, Year)

26. Plece of Death (Check only ona)

29b. Signature and title of certifier MD 30. Name and address of parson who complated cause of daeth (Itam 23a) (Type, Print)

RES-DOO

April 7, 1997

completion of cause of deeth?

1 ☐ Yes 2 ☐ No

Chang Iom 31. Deta filad (Month, Day, Year) APR 0 7 1997

1518 Park Avenue Apartment 405 North, Baltimore, Maryland 21217 32. Agistyar's Signaurée

State Registrar E E E E E E

State of Maryland / Department of Health and Mental Hygiene

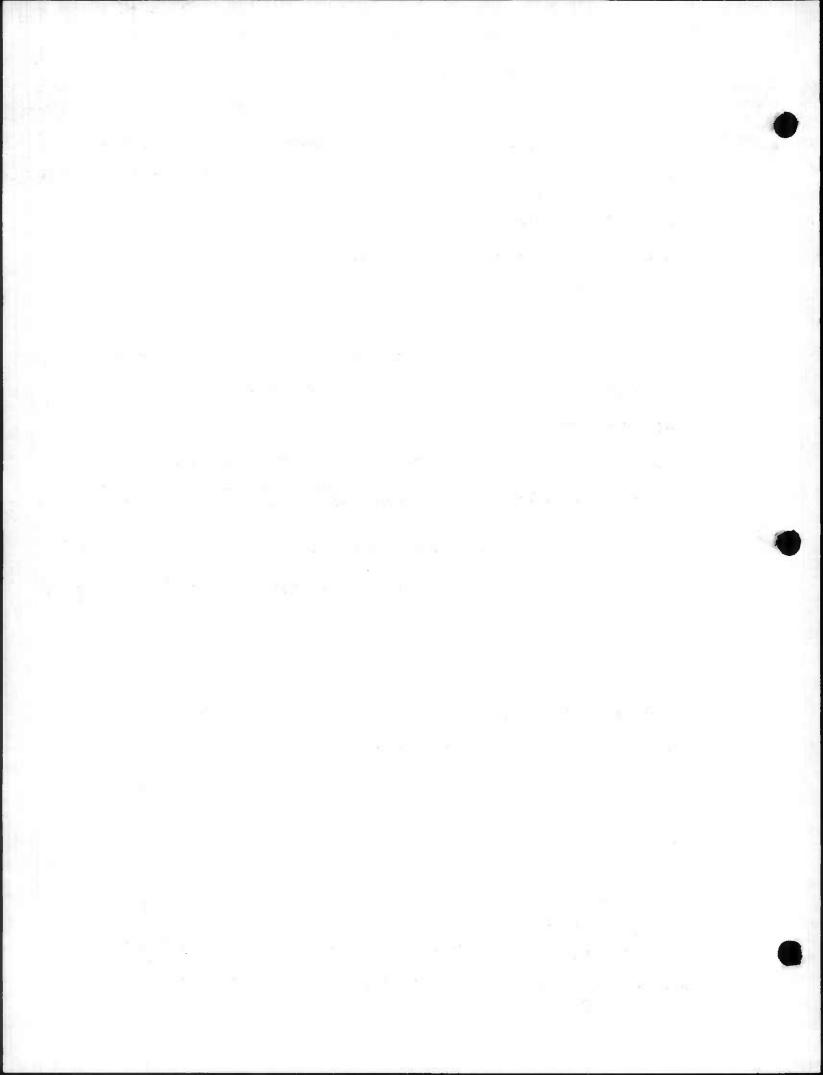
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month CRAIG APRIL 01, 1997 6:45 PM /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e. Fecility Neme (If not institution, give street end number) Examiner SAINT JOSEPH MEDICAL CENTER TOWSON, MARYLAND BALTIMORE If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) If Linder 1 Yeer 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplece (Stete or Foreign Country) **Funeral** Deys 1□M 2√F Director 215-16-5027 Maryland Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits the Maryla or 28a-f show Maryland Baltimore Timonium 1 ☐ Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? 11 Glenamoy Court, Apt. 101 21093 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 ☐ No If Yes, Give X Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No White Specify. 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Complet the Me Elementary/Secondery (0-12) College (1-4or 5+) Homemaker Own Home permit. Pages 1 and 2 should be file.
Department of Health and Mentai Hy, important; if flem 27 is marked offer any Injury or other two 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Lewis C. Neuberger B. Fisher Anna 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) John R. Craig (Husband) 11 Glenamoy Court, Apt 101, Timonium, Md. 21093 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) Dete 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Parkwood Cemetery 4-5-97 Parkville, Maryland 21. Signature of Funerel Service Licansee 22. Neme end Address of Fecility Ruck Towson Funeral Home, 1050 York Road, Towson, Md. 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart fellure. List only one cause on each line. Approximete Intervel Betw Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel ANOXIC **ENCEPHALOPATHY** 3 DAYS disease or condition resulting in deeth) Examiner Due to (or es e consequença of) Examiner **ARRHYTHMIA** 3 DAYS physician and the buriel-transit The law requires that the death certificete be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequenca of): CORONARY **YEARS** ARTERY DISEASE Box 68760 Physician/Medical Due to (or es e consequence of): use Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causa of death? Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed page 2 has 1 ☐ Yes 2 No 1 Yes 2 No certificete Division of Vital or Attending Physician: effer death. Director: After this certifice 25. Wes case referred to medical Be 26. Plece of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes X No Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 28e. Dete of Injury (Month, Dey Yeer) 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury et Work? 1X Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 ☐ Sulcide 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) in by 4 Homicide 24 hours effice Funeral Di Hospital 29a. Certifier 🛣 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. Medical 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, dete end placa, end due to the ceuse(s) and manner stated. To the To the To the I 29c. License number 29d. Dete signed (Month, Dey, Year) 29b. Signeture end title of certified D24034 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) TIMOTHY LOW, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204 31. Date filed (Month, Dey, Year) 32. Registrar's Signeture State Le Lavidson

Registrar

APR 0 7 1997

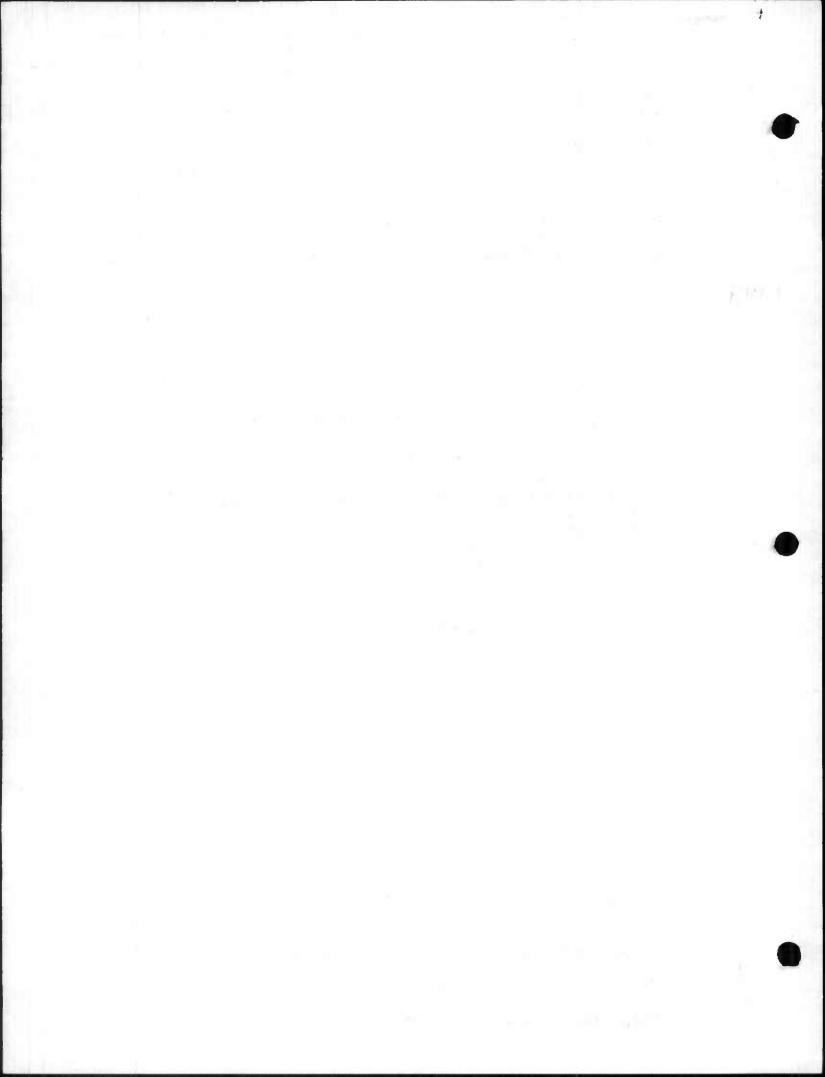
State of Maryland / Department of Health and Mental Hygiene 97

						Ce	rtificat	e of	Death			Reg. No.			
	Dhunia	ian	1. Decedent's Name (First, Middle, L.	ast)							2. Dete of De Month	eth Çey	Veer	3. Ti	me of Death
	Physic /Medi		Melvin Lonzo Coop	er							April	4"	1997	6:	10 a.m.
	Exami		4a. Fecility Name (If not institution, gi	ve street end number)					4b. City, To	own, or L	ocation of Deet	h 4c. Co	unty of Death		
			324 Thomas Drive,						Laure		•		ince Ge	org	e
	Funeral	П		477 M OF F	ge (In yrs. les		If Under Months	1 Year Deys		24 Hrs. Min.	8. Date of Bir (Month, De	th ey, Year)	9. Birthp	place (S	tate or Foreign
	Director		234-44-4286 Usuel Residence of Decedent	1)CM 201 6.	5	Yrs.					Sep. 2	6, 193	1 West	Vi	rginia
	and *=		10e. State 10b. County		10c. City,	Town or Lo	cation						1	Od. Insi	de City Limits
	Mary	ō	Maryland Prince (Penroe	Lau	rel									Yes 2□No
	the	Director	10e. Street end Number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10f. Zip	Code				10a Citizen	of Whet Cour	ntry?	
	Nit Nit		324 Thomas Drive	Apt 1			207					USA		, .	
	Jeath 2	Funeral	11. Marital Status	12. Wes Decedent	Ever in U,S.	13.			Hispenic Or	iain? (Sp	pecify Yes or No		Race - Americ	an Indi	en.
	a e e	Ē	1 Never Married 2 Merried	Armed Forces? 1 ☐ Yes 2 ☒							pecify Yes or No Rican, etc.)		Black, White,		
	n 72 hours after death with the Manyland "neturel", or Hems 23a or 28e-1 show after Exactivet must be notified at	by	3 ☑ Widowed 4 ☐ Divorced	If Yes, Give Year or Detes:			1 ☐ Yes	2X No	Specify:	•		Sp	ecity: Whi	Lte	
	2 ho	Completed	15. Decedent's E	ducetion		16e. Dece	dent's Usue	Occu	pation	4 m 6and	it	16b. Kind	of Business/In-	dustry	
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		Son	12	0		Litho	graph	ıer				Lith	ograph		
	hal Hygid of other event,	Be (17. Fether's Neme (First, Middle, Las	")					18. Moth	er's Nam	e (First, Middle	, Maiden Sui	meme)		
	should be and Mental marked o	ဥ	John Cooper						Conn	ie A	lice Ma	rtin			
	01 00 4 4		19e. Informent's Neme/Relationship	(Type, Print)		19b. Mallin	ng Address	(Stree	t end Numb	er or Rui	rel Route Numb	er, City or To	own, Stete, Zip	Code)	
	ロヨマト		Gary Cooper / Son	1					Road,	Gre	eenbelt	, MD 2	0770		
	it of Healt if Item 2 or other		20a. Method of Disposition 1 ☐ Burial 2 ※ Cremation 3 [Domovol from State	000	ce of Disponence of the contract of the contra	sition (Nan natory or o	ne of ther pie	ece)		Dete	20c. Locati	ion - City or To	own, Ste	ete
	nit. Peg antmant ortant: h injury o		4 □ Donation 5 □ Other (Speci			imore	-Wash	ing	ton C	rem.	4-4-97	Laure	l, Mary	/lan	d
	permit. Peges 1 Departmant of H Important: If Ite any injury or ot once.		21. Signature of Funerel Service Lice	nsee					ess of Fecili				-		
	Depo any once		1 / C	L'EL	- 7				ral H		Inc. Road, La		Mary 1	ba	20707
			23a. Pert1. Enter the disease, or con shock, or heert feilure. List only	plications that caused	the death.								rial y La	Appro	ximete
	Physician		Shock, or neert fellure. List only	one cause on each II	ne.									Onset	el Between end Death
	/Medical		Immediate Ceuse (Final diseese or condition	\mathcal{D}_{\angle}	5010	ATT	011	7	Alleri	26			1	70	sul.
İ	Examiner		resulting in death)	e	Due to (or e	s e consec	mence of:	- / /	1100					, _ ,	1
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	nd rans	Examiner	Sequentially list conditions, if eny, leeding to immediate	b. / 07.11	Due to (or e	s e consec	uence of):					-		1	
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ŀ	e death the atter hed for a	Sic	Pert II. Other eignificant conditions	contributing to death b	ut not resulti	ng in the u	nderlying c	euse gi	ven in Pert	l.	23b. Dld	tobacco usa	contribute to	tha ca	use of death?
	ta of the	Physician	OSTEDNUCH	ITIS G	= 11	04					1,00	Yes 20 h	No 3 Pro	bably	4 Unknow
	S 5 8	by		7/120	, ,	1									
	requires been sign should be	ted	OSTED MYEL CET EBY O VA	SCELAR	Acc	er De	SUT	5				en eutopsy ormed?	ev	eileble p	
	aw 2 s	ble												deeth?	n of cause
ì	0 - 6	Completed									1 🗆	Yes 200 N	0 1	Yes	2 No
	ysician: The is certificate director, pag	Be	25. Wes case referred to medical exeminer?						26. Plece	e of Deet	th (Check only	one)			
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	ding Ph h. After th funaral	 	27. Menner of Deeth Naturel 5 ☐ Pending	28e. Dete of Inju (Month, De	y Year) 2	8b. Time of Injury	2	8c. Inju	ry et ork?		28d. Describe	how Injury o	ccurred		
	Attending ir death. actor: After by the fune	cati	2 ☐ Accident investigation				М	1	Yes 2	No					
	or Attendatate deat Director: In by tha	Certification:	3 Suicide 6 Could not be determined			e, ferm, str	eet, fectory	, office			28f. Location (City or To		umber or Rura	Il Route	Number,
	urs a Die	1 - 1								-					
	Hospital 24 hours Funeral staly filled	edicai	(Check only 2 Medical Exa	nyelclan: To the best miner: On the basis of	of my knowle f examinetion	edge, death	occurred execution,	In my	ime, dete er opinion, des	nd plece, eth occur	end due to the red et the time,	ceuse(s) end dete end ple	d menner es s	teted.	use(s)
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director. After th completaly filled in by the funeral	Med	one)	end menner sta	ated.						1				
	2 2 0	77.5	290. Signature and title of certifier	7 1	Y N		290	LICEN	se number	-		Zed. Date si	gned (Month,	<i>⊔</i> еу, те 7	90.1)
	·P		1 DOG	rec)		1	723	, -		4/9	17/		
	(a		30. Name end eddress of person who	completed cause of d	leeth (Item 2	3a) (Type,	Print)			1	4-1-	0	. 111	5	715
	M		KOBERTO A DE	PETRISM	1) 14:	500	TALL	AL	JY 401	CLA	#12/	>0U1	Cra	00	117
	0.	ata	31. Date filed (Month Day, Year)	32. Registe	Ar's Signasu	al . 00 -									



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Yeer Alice 03 1997 12:10 PM /Medical 4e. Fecility Neme (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Sinai Baltimore Hospital Baltimore if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 6. Sex If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) **Funeral** Deys 1 □ M 200 F 217-01-9629 86 Yrs. Director 10/03/1910 Virginia Usual Residenca of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 3s or 28s-f shows the second s MD Yes 2 No Director N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 41.15 WESTCHESTER ROAD 21216 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American indien, Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: Black 3 NWidowed 4 Divorced filed within 72 ha Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedeni's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) In Home the Housewife 12th ... Peges 1 end 2 should be filed v fment of Health end Mentel Hygie tant: If Item 27 is marked other? ilury or other traumatic event, tt 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Lucy Ann Whiters George Mickens 2 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 4115 Westchester Road, Balto., MD 21216 Delores Moody 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State permit. Peges Department of Important: If Its any injury or or 1 M Burial 2 ☐ Cremetion 3 ☐ Removel from State 4/7 4 Donetion 5 Other (Specify) Baltimore Cemetery Baltimore, Maryland 22. Name end Address of Fecility LEROY O. DYETT & SON FUNERAL HOMI 4600 LIBERTY HEIGHTS AVE., BALTO. SON FUNERAL HOME, complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, only one cause on each one. Approximete Intervel Between Onset end Deeth **Physician** /Medicai Immediete Ceuse (Final 3 wecks reumonia disease or condition resulting in deeth) Examiner Due to (or es e consequenca of): Examiner pivation ettending physician end for use es the buriel-trensit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of): Dementia Division of Vital Records, P.O. Box 68760. The law requires that the death certificate be Physician/Medical Due to (or es e consequence of): 98 signed by the e Part II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed page 2 1□ Yes alo certificate or Attanding Physician: funeral director, 25. Was case referred to medical examiner? 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Dinpatient 2 ER/Outpatient 3 DOA this 27. Menner of Deeth Certification: 28e. Date of Injury (Month, Dey Year) 28b Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturei 2 Accident 5 Pending investigation efter death. 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours e Hospital 29a. Certifier 100 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical miner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated. (Check only one) To the within 2 29b. Signature end/title of cartifier 29c. License number 29d. Date signed (Month, Dey, Yeer) AS-240234-DS-9034 eddress of person who completed cause of deeth (Item 23e) (Type, Print) Song Shal Danny Hospital 31. Date filed (Month, Day, Yeer). 32. Registrer's Signature State

DHMH 16 Rev 6/95

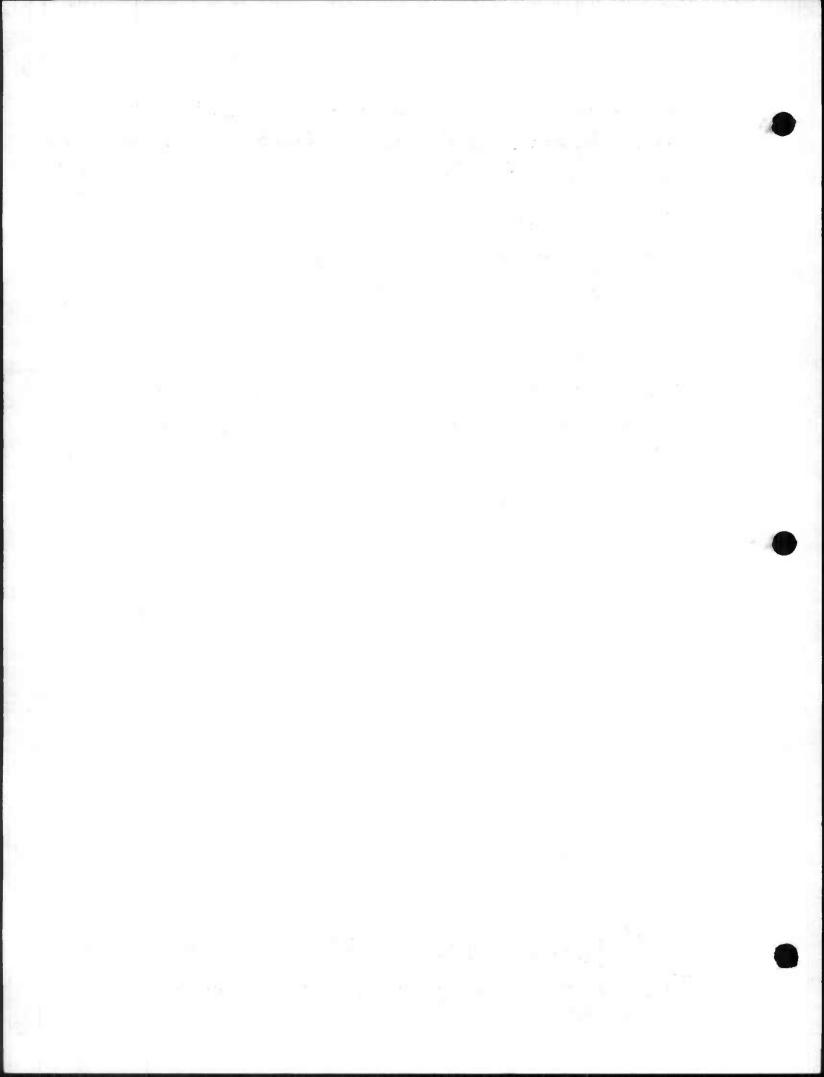


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

10396

				Certificate of Death	Reg. No.	
ľ	Physic	ian	Decedent's Nema (First, Middla, Last)	7	2. Data of Death /Month / Day	3. Tima of Death
,	/Medi		Charlotte	Dy500	Hon/ 1 19	
3	Exami	ner	4a. Facility Nama (If not Institution, giva street and number)	4b. City, Town, or I	Location of Death 4c. County of	of Death
			Liberty Medical C	enter Salti	mere La	ltimore
П	Funeral		5. Social Security Number 6. Sax 7. Aga (In yrs.	Months Dave Hours Min	8. Data of Birth (Month, Day, Year)	9. Birthplaca (Stata or Foreign Country)
	Director		215-10-6111	Yrs.	Nov. 19,1910	"Md
	pue **		Usual Rasidance of Decedant 10a. Stata 10b. County 10c. Ci	ty, Town or Location	1.04	10d. Inside City Limits
	Manyi f sho	ŏ	MA NIA D	altimore		1 2 Yas 2 □ No
	the 28s	90	10e. Street and Number	10f. Zip Code	10g. Citizen of W	hat Country?
	with w	Funeral Director	1110 11 1. 1 0.00.	21011	1 og. Citizen of W	. ∩
	eath m 23	era	11. Marital Status 12. Was Decedant Eyer In U	,S. 13. Was Dacedant of Hispanic Origin? (S	pecify Ves or No. 14 Bace	- Amarican Indian,
	Her d	F	Armed Forcas?/ 1 Nevar Married 2/ Married 1 Yas 2 1/No	If Yas, specify Cuban, Maxican, Puart	o Rican, atc.) Black	k, Whita, atc.
727	filed within 72 hours after death with the Maryland Hygiena. ther than "natural", or items 23s or 28s-f show ont, the Medical Examiner must be incrited at	þ	3 Widowed 4 Divorced If Yas, Giva Yaar or Datas:	1 ☐ Yas 2 ☑ No Specify:	Specify:	Black,
71213-0020	2 hor		15. Decedant's Education	16e. Decedent's Usual Occupation	16b. Kind of Bus	sinass/Industry
7	hh 7	Completed	(Specify only highast grada complated) Elementery/Secondary (0-12) College, (1/48r 5+)	(Giva kind of work dona during most of work lifa. DO NOT use retired)		o description of
7	filed with Hygiene. ther then	O	12th grace A/A	House wife	Privat	0
Maryland	be file d oth	Be	17. Fathar's Name (First, Middla, Last)	18. Mothar's Nan	na (First, Middla, Maidan Surnama	1)
0	uld b Venti rked rked	To	Enoch Golder	Virgini	a Parker	
0	2 should be end Mental is marked of sumatic ever		19a. Informant's Name/Ralationship (Type, Print)	19b. Meiling Addrass (Street and Number or Ru		Stata, Zip Coda)
	1 and 1 Haaith em 27		Carolyn Jones / Daughter	19 Tallow Court P	Saltmore Md	21244
5	Of He			Place of Disposition (Nama of cematary, crematory or other place)	Data 20c. Location - 0	City or Town, Stata
	Peges nent of I unt: If its		1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Spacify)	rbutus	1-7-97 Baltimo	ore Md
baltimore,	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryler Department of Health and Mental Hygiena. Important: if item 27 is marked other than "natural", or items 23a or 28af show any Injury or other traumatic event, the Medical Examiner must be notified at ORGS.		21. Signature of Funaral Sarvice Licensee	22. Nama and Address of Facility		
0	88558		Gamielle Cure	March FIH - West 4300 Wabash Ave		
ŀ	- 11		23a. Part1. Entar tha disaasa, or complications thet caused tha daat shock, or haar failura. List only ona causa on each lina.			Approximata Interval Between
	Physician		Shock, of haart failura. List only ona causa on each ling.			Onsat and Death
di	/Medical		Immediata Causa (Final disaasa or condition	Cadinias Cal	or Disease	1
	Examiner		rasulting in daath) a.	or as a consequence of):	or Diselesa	
	D #	je l				
	ecute ind trans	Examiner	Sequantially list conditions, Dua to (c	or as a consequence of):		
Ď,	oe ex		Sequantially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disaasa or Injury that Initiated avants Due to (o			
00/00	certificate be executed nding physiclen and use as the buriel-transit	n/Medical	that initiated avants rasulting in death) Last Dua to (o	r as a consequence of):		
2 4 0	antific ding p	Me				
0	attend for us					
	b ed thed	Physicia	Part II. Other significant conditions contributing to death but not ras	ulting in tha undarlying causa givan in Part I.	23b. Did tobacco use cont	tribute to the cause of death?
5	nat th				1 ☐ Yes 2 ☐ No	3 □ Probably 4 XUnknown
Records,	signed I	b			Jan Williams	-1. 1110/01/01/01/01
Ö	v requir been s should	Completed			24a. Was en eutopsy performed?	24b. Were autopsy findings available prior to completion of causa
Š	e law has t	idu				of deeth?
2	Pa ate	S			1 ☐ Yas 2 No	1 □ Yas 2 No
7	ician: The certificate rector, pag	Be	25. Was case refarred to medical axaminar?		th (Check only ona)	
סו אוומו	Physician: this certific ral director,	မ			oma 5 ☐ Rasidanca 6 ☐ Othe	***************************************
	g ig	Certification:	27. Mennar of Daath 28a. Data of Injury (Month, Day Year) 1 Netural 5 ☐ Pending	28b. Tima of Injury et Work?	28d. Describe how injury occurre	d
DIVISION	Attending ir death. ector: Atterby the fune	cat	2 Accidant Invastigation 3 Suicida 6 Could not be	M 1 Yes 2 No		
$ \mathbf{\xi} $	or Attending i after death. Director: After In by the funer	1	4 Homlcida datamined 28a. Place of Injury - At he building, atc. (Specify	oma, farm, straat, factory, office	28f. Location (Street and Numbe City or Town, Stata)	r or Rurai Routa Number,
-	pra liled		20a Cartillar			
	Hos Fun Fun	edical	Check only 2 Medical Examiner: On the basis of examine	wledga, daath occurred at tha tima, data and placa, tion and/or investigation, in my opinion, daath occu	, and dua to tha causa(s) and man rred at tha tima, data and place, a	nar as stated. nd dua to the cause(s)
	To the Hospital or Attendi within 24 hours after death To the Funeral Director: A completely filled in by the fi	Me	one) and mannar stated. 29b. Signature and title of certifier	29c, Licansa number	29d Data signed	(Month, Day, Year)
	F3F8		1/10	D 33588	/ /	100
	X		" (Chrence m)		Moral	1777
	(N)		30. Name and addrass of person who completed causa of daath (Item	123a) (Type, Print)) Co 1-	
	- I W		31. Data filed (Month, Day, Year) 32. Redistrar's Signal		Conter.	
	Sta Registr	_	31. Data filed (Month, Day, Year) APR 0 7 1997 G2. Registrar's Signing Country of the Park of the Par	lanarace		
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State of Maryland / Department of Health and Mental Hygiene 97

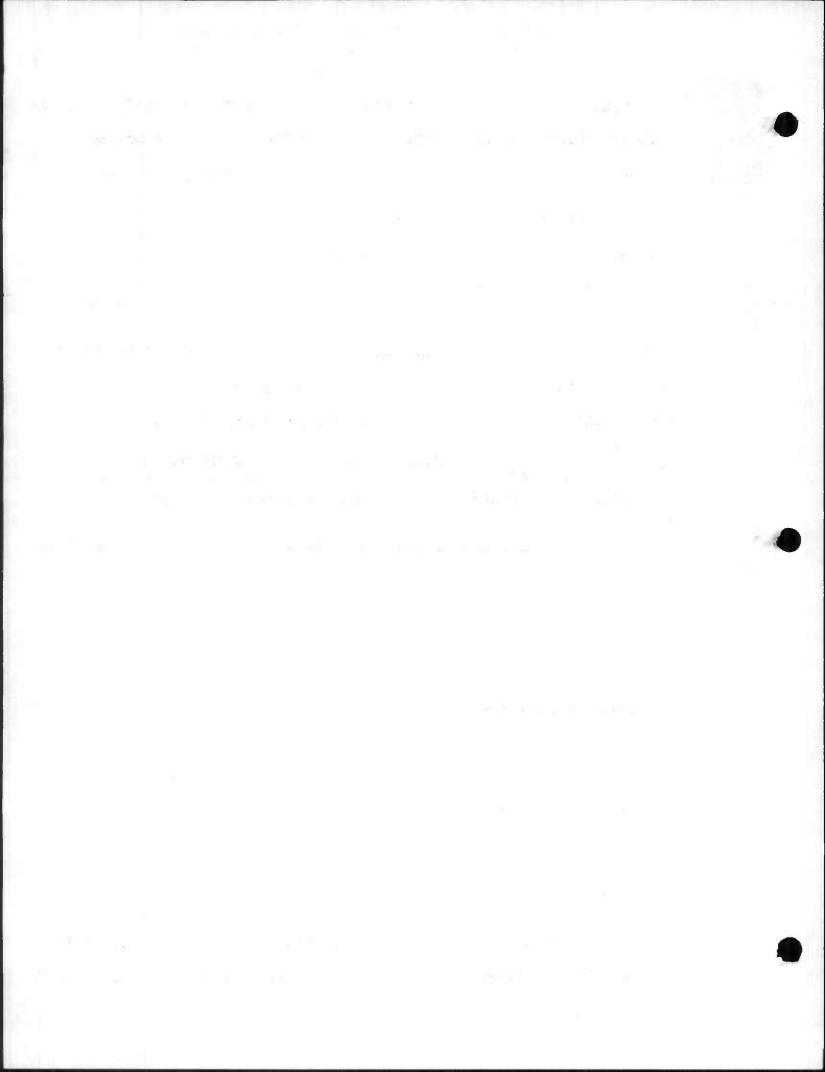
10397

							Ce	rtificate	e of	Death		F	Reg. No.		1	101
			1. Decedent's Ner	me (First, Middle, La	st)							2. Dete of Dee				ime of Deeth
	Physic /Medi		J	OSEPH			DE	NISCI	E			APRIL	3 Day	1997	6:	30 AM
	Exami		4e. Fecility Neme	(If not institution, giv	e street end nu	ımber)				4b. City, To	wn, or Lo	cation of Deeth	4c. C	county of De	ath	
			SAII	NT JOSEF	H MED	ICAL C	ENTER			TOT	NSON]	BALTI	MORI	3
	Funeral		5. Social Security		ex ☑M 2□F	7. Age (In yrs.		If Under Months	1 Year Deys		24 Hrs. Min.	8. Date of Birth (Month, Day	Year)	9. B	rthpleca (State or Foreign
	Director		113-01-0	720		92	Yrs.					09/30/1			NY	
	Du Ra		10a. State	10b. County		10c. Cit	y, Town or Lo	cation							10d. In	side City Limits
	the Marylar 28a-f show notified at	ō	MD	Baltimo	re	Lo	ng Gre	en								Yes 2 No
	death with the Maryland ms 23a or 28a-f show .must be notified at	Director	10e. Street end Nu	umber				10f. Zip	Code				10a. Citize	en of Whet C	Country?	
	3a or		12521 M	anor Rd.				21	002							
	S C C	Funeral	11. Maritel Stetus		12. Was Dec	edent Ever in U	,S. 13.		092 lent of I	lispenic On	gin? (Sp	ecify Yes or No- Rican, etc.)	USA 14	4. Race - Am		lien,
0	1		1 Never Mar	rrled 2 ☐ Married	1 TYes	2 (XNo						Rican, etc.)	etc.) Bleck, White, etc.			
∕3	Like	by	3 D Widowed	4 Divorced	If Yes, G Yeer or I	ive Detes:		1□ Yes 2	2 LANO	Specify:		Specify: White				
The same	次。	Completed	(Spe	15. Decedent's En	ducation)	16a. Dece	dent's Usue	l Occup	petion during mos	t of work	ina	16b. Kind	d of Busines		
12		jdu	Elementary/Sec			1-4or 5+)	life.	DO NOT us	e retire	d)						
3	3 C 2 H	S	12				Engin	eer				Radio/ Television e (First, Middle, Meiden Surneme)				ion
310	De H	Be	17. Father's Name	(First, Middle, Last,	1								Meiden S	u <i>m</i> eme)		
Z	2 should be and Menta is marked aumatic ev	ည		J. Denisc			T		4.5			Hipp				
Maryland	s 1 and 2 should be f Health and Mental tam 27 is marked o other traumatic ev								(Street end Number or Rurel Route Number, City or Town, State, Zip Code) Country Rd., Towson, MD. 21286							
	1 and Health am 27				.D.	20h F					Rd.	Date Towsor			21286 City or Town, Stete	
9	permit. Pages 1 an Depertment of Heat Important: If item 2 any injury or other once.		1 Buriel 2 Cremetion 3 Removal from State cemetery, cremetory or other plece)									200. 200	ution Oily o	10411, 0	.010	
Baltimore,				5 Other (Specificant Licent	17.0	Hi	lltop	Servi	ce (Corp.		/4/1997				
Ba		ļ	21. 59.50	quelei Sélvice	//	00	24	. Name an	u Addre	SS OF FECILI	Ruc	ck Towso	on Fu	neral	Home	e, Inc.
_				con C.	(au	all	1	050 Y	ork	Rd.,	Tot	vson, MI	2. 2	1204		
		Н	shock of he	the disease, or com art feilure. List only	one cause on	caused the deat eech line.	h. Do not ent	er the mode	e of dyi	ng, such es	cardiec	or respiretory en	rest,		Inten	oximate rel Between et end Deeth
Ď.	Physician /Medical		Immediete Ceuse	/Final	A CIT	TE MYE	T OCUM	TO TI	RIIV	TMTA						WEEKS
1	Examiner		diseese or conditi resulting in death)	on	e				COK	EPILA					0	CHILL
		9				Due to (o	or es e consec	quence of):								
	executed in and iel-trensit	edicai Examiner	Conventially list or		b. ———	Due to (o	ue to (or es e consequenca of):									
ó	certificate be executed ding physician and ise as the buriel-trensit	EX.	Sequentially list of if eny, leeding to in cause. Enter Und Cause (Diseese o	mmediete leriving		Due 10 (0	03 0 0011360	(derica or).								
68760,	certificate be iding physicia ise as the bur	Icai	Cause (Diseese o thet initieted event resulting in deeth)	r Injury	C	Due to (or	r es e consec	uenca of):							+	
	tifica ng ph as th	Jed	resulting in deetn)	Lest		,		, , .							1	
30X	th ce rendii	an/M			d										1	
S.B	e death he atter	Physician	Part II. Other signi	ificent conditione	ontributing to a	leeth but not res	ulting in the u	nderlying ca	ause gir	ven in Pert I		23b. Did to	obacco u	ee contribu	te to the d	ause of deeth
P.0	es that the death or igned by the attenbe detached for u	Phy	PUL	MONARY I	TBROS	IS						1 U Y	08 2X	No 3	Probably	4 🗌 Unknow
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Records,	v requires been sign should be	Completed										24e. Wes e perfor	en eutops med?	y 246	eveilable	topsy findings prior to on of cause
ec	2 50	npi						_							of deeth	?
	E e e	Co										1□ Y	es 2X	No	1 🗆 Yes	21 X No
Ĭ.	ysician: The s certificate director, pag	Be	25. Wes case refe exeminer?		Upenitet: =				100		of Deetl	(Check only or	ne)			
of Vital	this eldi	5	1 ☐ Yes 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	No			ER/Outpetier		A			me 5 ☐ Resid			ecify)	
n	D 0 0	Certification:	1 Naturel	5 Pending		of Injury oth, Day Year)	28b. Time o Injury	M 21	Bc. Injui	ryet rk? ∣Yes 2 🔲		28d. Describe h	ow injury	occurred		
Si	To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: Affer completely filled in by the funer		2 ☐ Accident 3 ☐ Suicide	investigation 6 ☐ Could not b	A	of Injuny . At he	ome form et			1162 2		28f. Location (S	treet and	Number or I	Rure/ Rout	a Number
Division	or A efter Dirac	ertii	4 Homicide	determined	build	e of Injury - At ho ling, etc. (Specif	y)	eet, lactory	, OIIICE			City or Tow	n, State)	realitiber of t	10,0771001	o realition,
	Hospital 24 hours Funeral stely filled		29a. Certifier	1 Certifying Ph	vetcien: To the	best of my kno	wledge, deet	occurred e	et the ti	me, dete en	d plece.	end due to the c	ause(s) e	nd menner	es steted.	
	Ho Fur letely	edical	(Check only one)	2 Medical Exam	niner: On the b											ause(s)
	To the within 2 To the comple	Me	29b. Signature end	d title of certifier				29c	. Licens	se number		2	9d. Dete	signed (Moi	nth, Dey, 1	(eer)
			m	Atmidao	D. 0	le Leon	, m.	0	D	1950	8	4	301	anil	199	7
	2		30. Neme end edd	lress of person who	completed cau	se of death (Item	1 23a) (Type,	Print)					- 19	7001		
			NAT	IVIDAD	D. DEI	EON. M	I.D.	7620	YC	RK R	ROAD TOWSON MARYLAND 2120					

Registrar

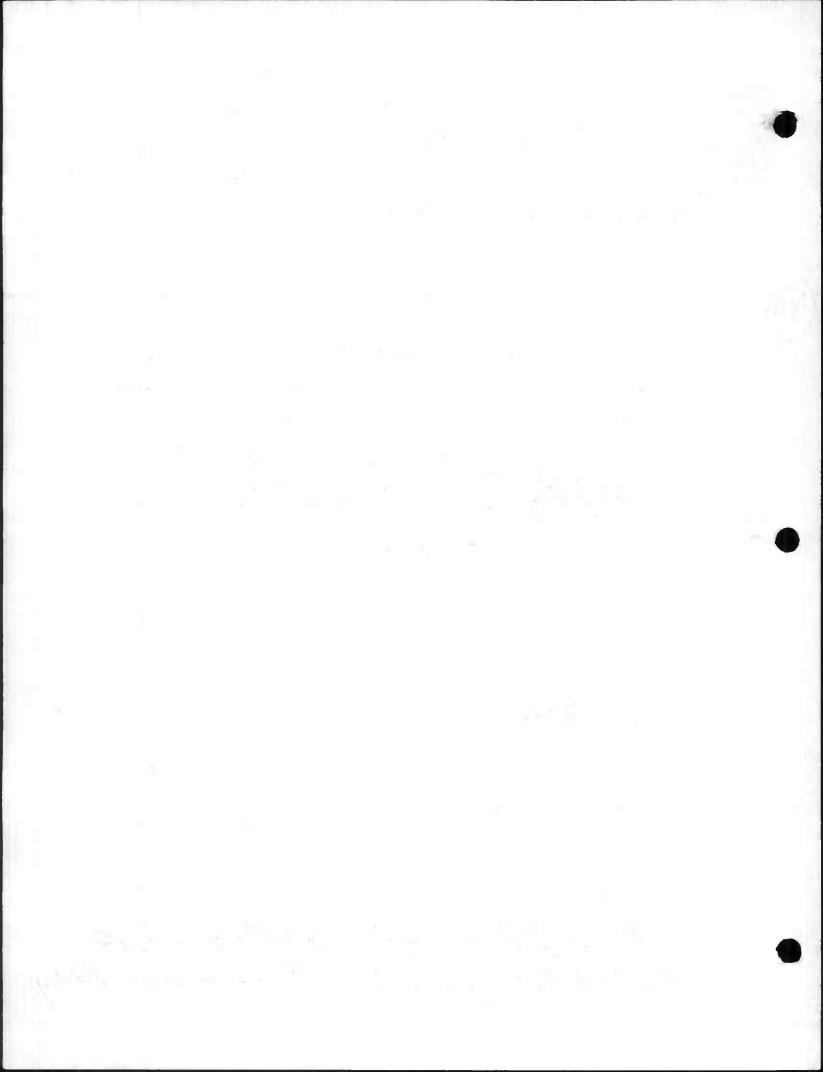
State

31. Dete filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 97 | 1398

					Certifica	ate of	Death		Reg. No.	1	100	
Discolate		1. Decedent's Name (First, Middle, Last)						2. Data of De	ath Day	Voor	3. Tin	na of Death
Physicia /Medica		Richard		Die	ener				31, 199	Year 97	11	:40 PM
Examine	_	4a. Facility Name (If not institution, give	street and number)				4b. City, Town, or		7	y of Death		
		Anne Arundel Ge	eneral Hospi	tal			Annapo1	is	Anne	e Arur	ndel	
Funeral Director		5. Social Security Number 6. Security Number 172	7. Age (In)	yrs. last birt	hday) If Un Month	der 1 Year ns Days	If Undar 24 Hrs Hours Min.	8. Date of Birt	th y, Year)	9. Birthp		ate o <i>r For</i> eign 1 N
g .		Usual Residence of Decedent 10a. State 10b. County	100	City Tour	or Location							
e Marylar Se-f show tiffied at	ctor	Maryland Anne Aru			adena					'		da City Limits Yas 2XXXIII
Seath with the Maryland ms 23e or 28e-f show mst be notified at	Funeral Director	10e. Street and Number 8220 Wapati Ct.			10f.	Zip Code	21122		10g. Citizen of USA	What Coun	itry?	
ur ab	þ	11. Marital Status 1 ☐ Never Married 2(∑ Married 3 ☐ Widowed 4 ☐ Divorced	II 185, GIVE	956 977			lispanic Origin? (S an, Mexican, Puerl Specify:	pecify Yes or No o Rican, etc.)	14. Ra Bla Speci	ce - Amaric ack, White, fy:		n.
S de la	je	15. Decedant's Educ (Specify only highest grade	cation	16a.	Decedent's U	sual Occup	pation during most of wo d)	rkina	16b. Kind of E	Jusiness/Inc	dustry	
of 2 should be filled within the and Mental Hygiens. It is marked other than "traumatic event, the Mental	Completed	Elementary/Secondary (0-12)	Collega (1-4or 5+)		Milita		d) my most of wo	King	US Nav	/ V		
三工 台 を	Be	17. Father's Nama (First, Middle, Last)					18. Mother's Na	me (First, Middle,				
	2	Alexander	Diene	er			Sarah		D.	isman		
W 50		19a. Informant's Name/Relationship (Ty	pe, Print)	19b.	Mailing Addre	ess (Street	and Number or Ri	ural Route Numbe			Code)	
and 2 halfth a n 27 le er tra	1	Jacquelyn W. Diene	er Wife	82	20 Wap	ati (ct. Pasad	ena, Md.	21122			
W 15		20a. Mathod of Disposition 1 ☒ Burial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	amoval from State	cemeter	Disposition (/	r other pla	,	Date	20c. Location			е
permit. Page Department of important: If any injury or 2008.	-	21. Signature of Funeral Senson Laured	ha 0	v. i i në			1 Cem.	4/4/96	Arling	con, \	√a.	
permit. Depart Import any inj 2058.		12/12/SE	× /) .		Stall	ings	Funeral tain Rd.		a Md 2	1122		
Physician /Medical Examiner	Je.	23a. Pan1. Enter the disease, or complishock, or heart failure. List only or Immediate Causa (Final disease or condition rasulting in death)	Str	ruf	consequence of		ig, such as cardia	c or respiratory ai	riest,	1		Batween and Death
executed an and inal-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa. (Disease or Injury	Due t	o (or as a c	onsequence o	of):						
eath certificata be executed attanding physician and for usa as the bunat-transit	Medical	that initiated events resulting In death) Last	Due to	o (or as a c	onsequence o	r):						1 4 5
attand for us	E											
the d	Physician	Part II. Other algnificant conditions con			the underlyin	g cause giv	ven in Part I.		tobacco uae co Yas 2□ No	ontribute to		4 Onknown
	2	Much	mon					-				^
na law requiras that e has been signed laga 2 should be dat	Сощріетед								an autopsy med?	ava	ailabla pi	psy findings rlor to of cause
Tha law ate has by paga 2 s	E							101	res 2 D	10	∃Yas	2 No
certificate	De C	25. Was casa raferred to medical					26. Place of Da	ath (Chack only o				
E 10 0	0	examiner?	ospital:	2 □ ER/Out	natient 3	DOA Oth	ner _	lome 5 ☐ Resid		har (Specif	(v)	
ding Phy th. After this	TION:	27. Mannar of Death 1 Death 1 Death 2 Accident invastigation	28a. Date of Injury (Month, Day Year	28b. T		28c. Inju		28d. Describe			,,	
is or Attending is after death. al Director: After ed in by the fune	Certification:	3 Suicide 6 Could not be determined	28a. Place of Injury - A building, etc. (Sp.	t home, far	m, street, fact	ory, office		28f. Location (S City or Tox		ber or Rura	Il Route	Vum <i>ber</i> ,
Hospi 24 hou Funer tely fill	edical	29a. Certifiar (Check only one) 1 Cartifying Phys 2 Medical Examin	Ician: To the best of my ler; On the basis of exam and manner stated.	knowledge, ination and	daath occurra Vor invastigati	ad at tha ti on, in my o	ma, data and place opinion, death occu	e, and dua to tha errad at the tima,	causa(s) and m data and place	annar as st	tated.	se(s)
To the within 2 To the comple	M	29b. Signature and title of certifiar	Solet	nj	MA	29c. Licens	D 26=	743	29d. Date sign	ad (Month,	Day, Yes	ar)
19		30. Nama and address of person who co	mpleted cause of daath ((tam 23a)	Type, Print)	05	- Rid	20/2	AU	2	An	nup.
State	9	31. Date filed (Nonth Pay Year)	Babalaures A	milest	2		/			7		1



State of Maryland / Department of Health and Mental Hygiene

Physician /Medical Examiner

Director

Funeral

Director 10e. Street and Number 10f. Zip Code 21221 8 Helmsman Ct. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 █ No 11. Marital Status 1 ☐ Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed the Medical 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) permit. Pages 1 and 2 should be filed within Department of Health and Mental Hyglene, important: If item 27 is marked other than " College (1-4or 5+) Elementary/Secondary (0-12) Mechanical Engineer 17. Father's Name (First, Middle, Last) Melvin Anton Elgin 19a. Informant's Name/Relationship (Type, Print) Anna Marie Elgin (WIFE) 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition Date ò 4/7/1997 Greenmount Crematory 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licens 1407 Old Eastern Avenue **Physician** /Medical Immediate Cause (Final diseese or condition resulting in death) Examiner Examiner LSChemic physician end s the burief-transit be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Division of Vital Records. P.O. Box 68760. Physician/Medicai Due to (or as a consequence of): ettending Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by a by Completed 25. Was case referred to medical examiner? Be Hospital: 1 Inpatient 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpetient 3 DOA funeral 27. Manner of Death 1 Death 28b. Time of 28c. Injury at Work? After Attending 5 Pending investigation or Attending efter death. 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 3 Suicide 6 Could not be 28e. Place of trijury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours eff To the Funeral Di completely filled is 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, date end place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. edical 29a. Certifier (Check only one) 29c. License number $\rho = 10578$ 29d. Dete signed (Month, Dey, Year) April 06199729b. Signature and title of cartifier 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

I GOR VORONETSKY—GOOD SAHARITAN HOSPITAL

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death FLGIN EDWARD APRIL 1:12 414 06 4a. Facility Name (If not institution, give street and number 4b. City, Town, or Location of Death SAMARITAN 600 b BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) March 18, 1941 7. Age (In yrs. last birthday) 9. Birthplace (Stete or Foreign 125 M 2□ F Maryland 56 214-36-8037 Usual Residence of Decedent 10a State 10h Count 10c. City, Town or Location 10d. Inside City Limits Baltimore **Essex** Maryland 1 ☐ Yes 2 No 10g. Citizen of What Country? U.S.A. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. White 16b. Kind of Business/Industry Construction 18. Mother's Name (First, Middle, Maiden Surname) Elizabeth K. LaVigne 19b. Mailing Address (Street and Number or Rural Route Number, City of Town, State, Zip Code)

8 Helmsman Ct. Essex, Md. 21221 20c. Location - City or Town, State Baltimore, Md. Bruzdziński Funeral Home P.A. 21221 Essex, Md. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death = /day cardiomyopathy = 27 years 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Were autopsy findings eveilable prior to 24a. Wes an autopsy performed? completion of cause of death? 1 ☐ Yes 2 ☐ No 28. Place of Deeth (Check only one)

28d. Describe how Injury occurred

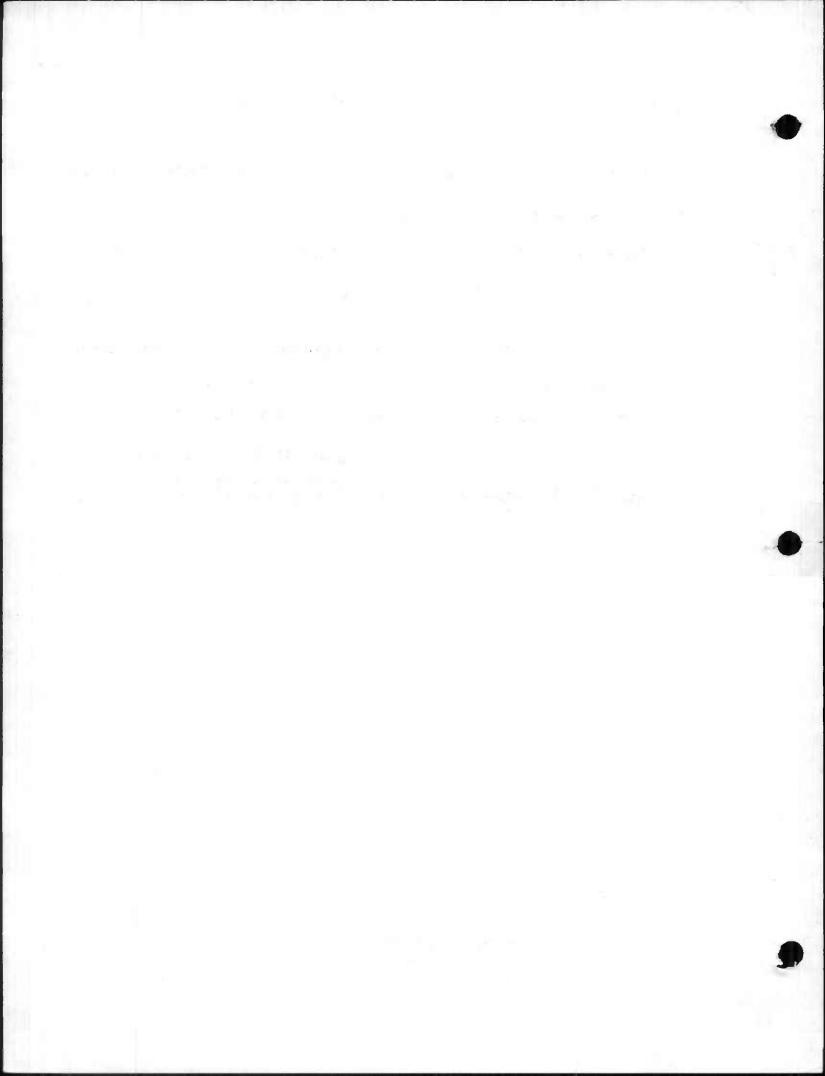
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31. Date filed (Month, Day, Year)

State Registrar

32! Registrar's Signatur and all

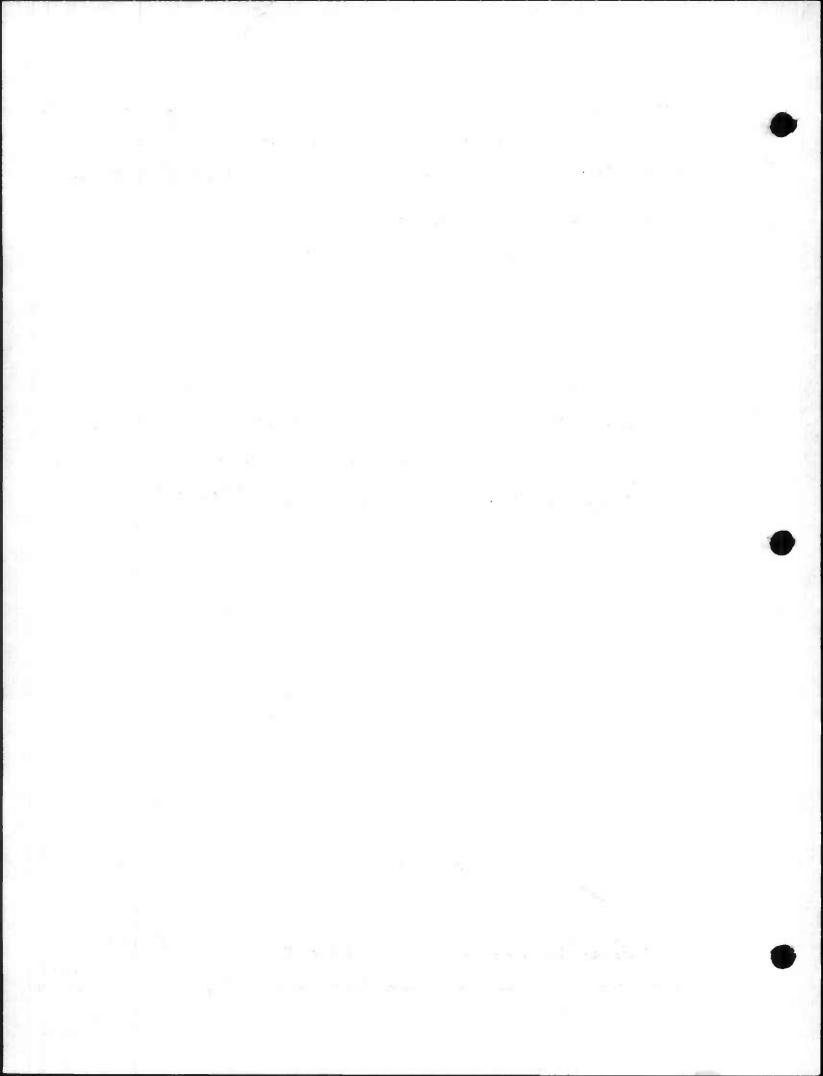


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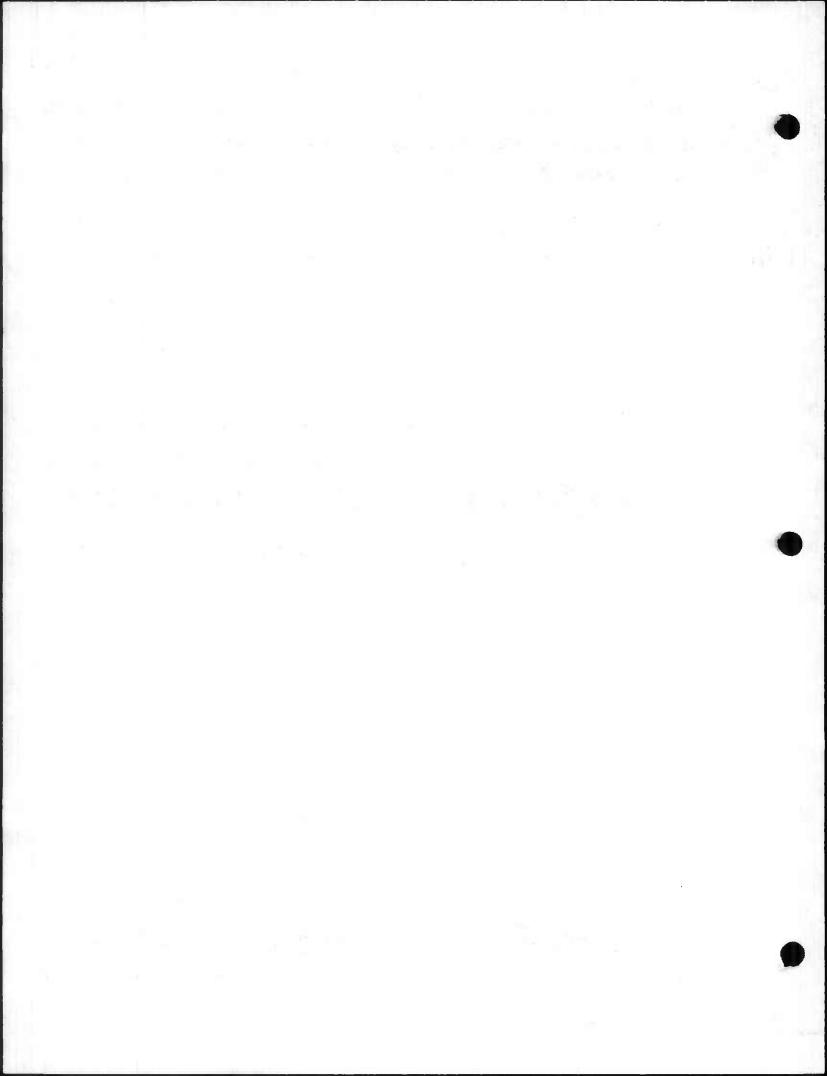
DHMH 16 Rev 6/95



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	4		30 Name and address of person who of	completed cause of death (Itam 2	3a) (Typ)	Print) 1004	5 N.Poin	+BIVOL	Ste. 7	24,	21224
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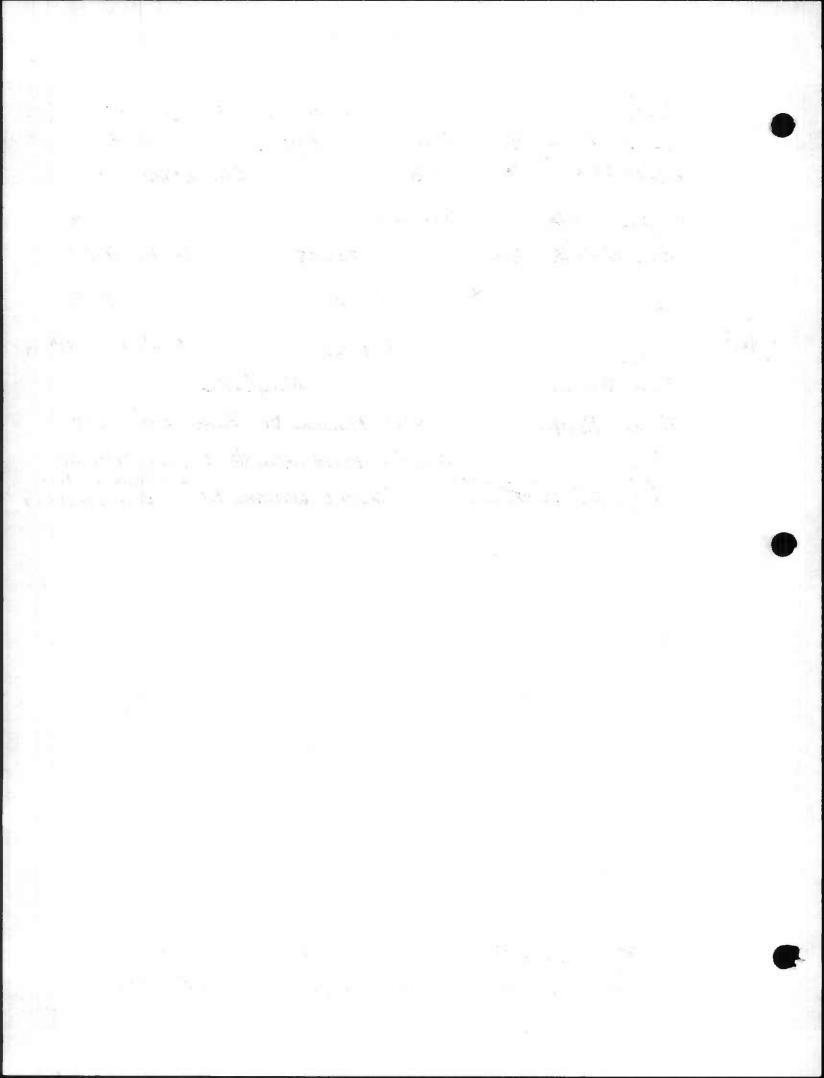
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month Yaar WARD /Medical 4a. Facility Name (if not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner)oseph Baltimore Hopice Richey House H Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Days Hours Min. (Month, Dey, Year) 7. Age (in yrs. lest birthday) 66 Yrs. 5. Social Security Number Birthpleca (Steta or Foreign Country) **Funeral** 217-24-2215 1□M 294F Director Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show r items 23s or 28s-f sho iner must be notified at Baltimore 1 Yes 2 □ No Maryland Director 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code United States 1027 21205 Funeral Wes Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indlen, Bieck, White, atc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 No If Yes, Give specify: Black 8 1 ☐ Yes 2 No à 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NQT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Wholsale Chothing Elementery/Secondary (0-12) College (1-4or 5+) Laborer 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Neme (First, Middla, Meiden Surneme) permit. Pages 1 and 2 should be Department of Heelin and Mental H Important: If item 27 is marked day any injury or other traumatic even Be Brown Maybelle Sam 9 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Balto, MO 21207 Kansome Dr. Rouster Thomas 20b. Plece of Disposition (Name of 20e. Method of Disposition 20c. Location - City or Town, Stata 1 Removel from Stete 4 Donation 5 Other (Specify) Owing Mills, MD 419/97 Garnison Forrest 21. Signature of Funerel Service Licensee 270 Fredhilton Pass CALVIN L. WILLIAMS F.S. Bato: MO21229 23a. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feiture. List only one cause on each line. Approximata Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel disease or condition resulting in deeth) Resenatory Examiner Due to (or at a consequence of) Physician/Medical Examiner attending physician and for use as the buriel-transit or Attending Physician: The lew requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, Dua to (or as a consequence of) signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed page 2 s 1 ☐ Yas 2 ☐ No certificate director. Be 25. Wes case referred to medical exeminer? 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Mothar (Specify) #CSP/CE Certification: To 1 Yes 2 No 1 Inpatiant 2 ER/Outpetient 3 DOA After this 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 1 X Netural 2 Accident 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Yas 2 No efter deeth. Director: 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 3 ☐ Suicide ne Hospital or Atte n 24 hours efter de ne Funeral Directo pletely filled in by th 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es stated.
2 Medical Examiner: On the bests of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end menner steted. 29e. Certifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signeture end title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) mamon 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) M.D. 220 M. JUMA 31. Dete filed (Month, Dey, Year) APR 0 7 1997 32. Registrer's Signature

DHMH 16 Rev 6/95

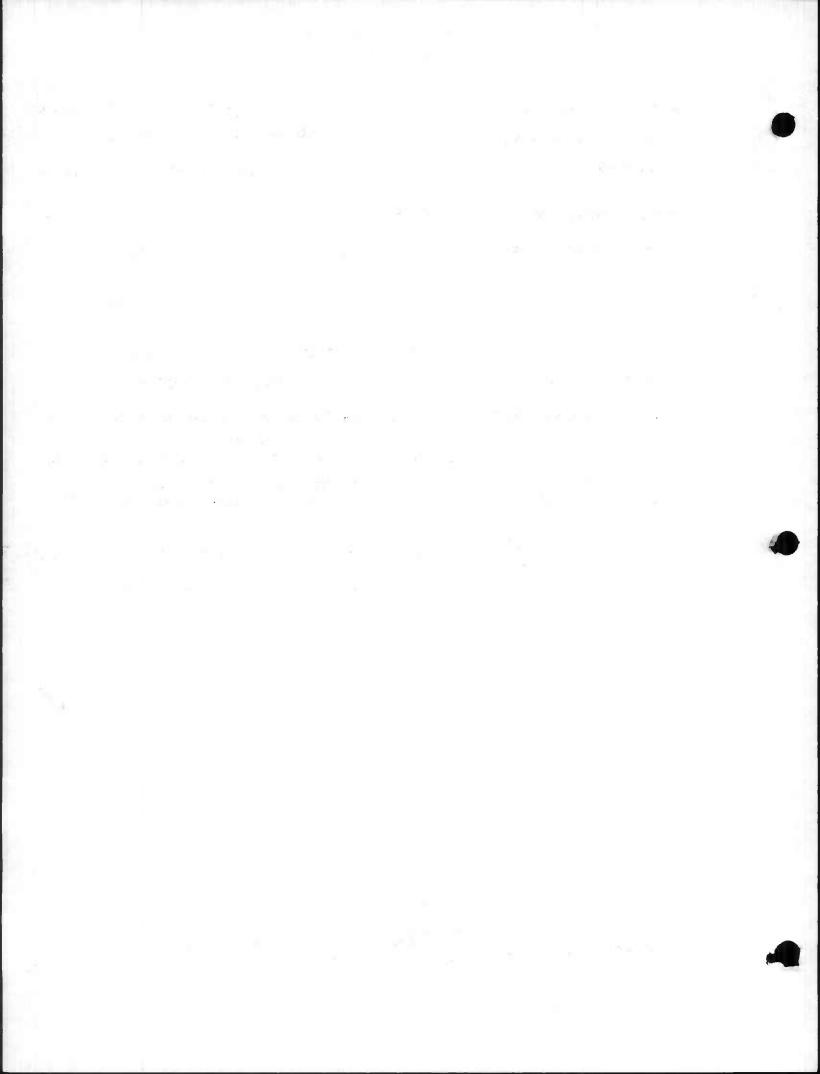
State Registrar



State of Maryland / Department of Health and Mental Hygiene 97

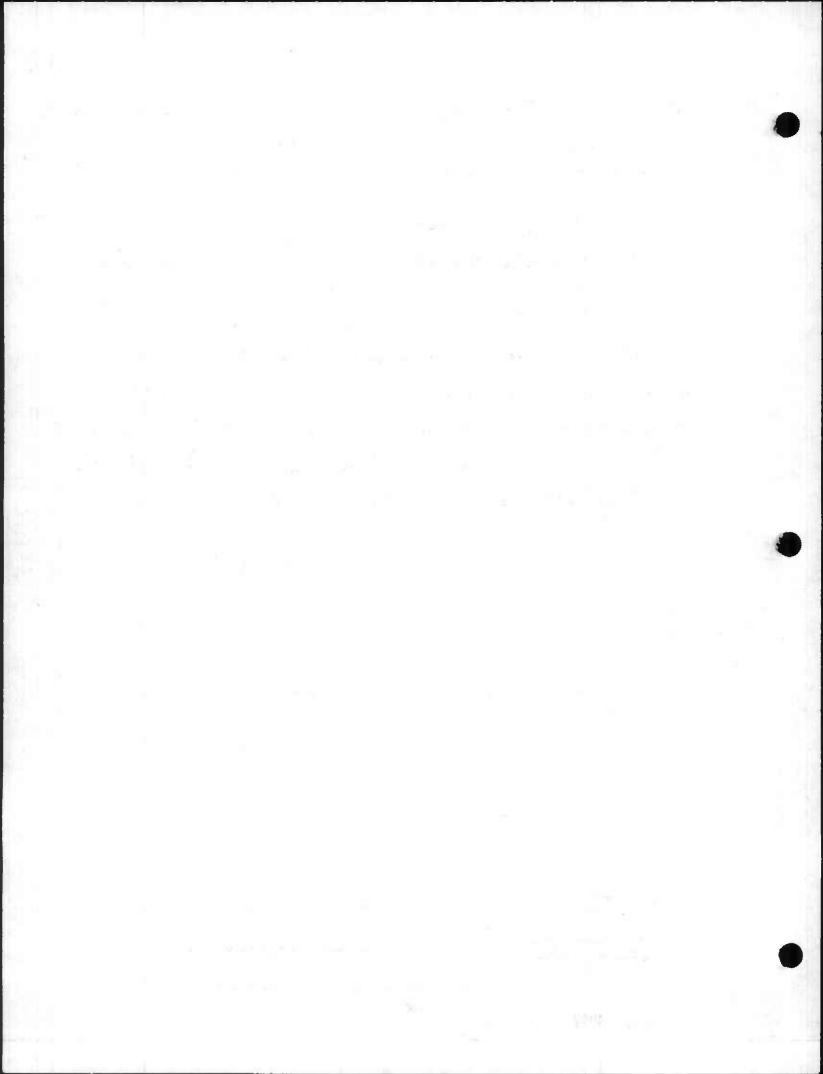
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Baltimo permit. Pege Department of important: if any injury or once.		21. Signature of Funeral Services		, `	1	22	Name er	d Addre	ss of Facilii	mer	al Home			
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Physician /Medical Examiner		23a. Partl. Entar tha disease, shock, or heart feilure. L Immediate Ceuse (Final disease or condition resulting in deeth)	e.	1 2	TAST Due to (or es									Interval Between Onset end Deeth
0 _ 0 - 1	an/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	6		Due to (or es	ciposeq s e conseq	uence of):	9 6	F +1	re	ORIN	9By Bl	ROMA	
. 0 00	Physicia	Pert II. Other eignificant cond	tions contribut	ing to death	but not resulting	g in the ur	derlying o	ause giv	en in Pert i		23b. Did	tobacco uee co	ontribute to	the cause of death?
											1□	Yes 2 No	3 Prol	bably 4 Unknown
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_ S 00	ToE	examiner? 1 ☐ Yes 2X No	Hospit	el: 1 🗆 Inpa	itient 2□ER	/Outpetien	3 DC	Oth Oth	OF:			idenca 6 □Ot	her (Specifi	y)
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State of Maryland / Department of Health and Mental Hygiene

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Physician /Medicai Examiner	23a. Part1. Enter the disease, shock, or heart failure. Lis immediate Cause (Final disease or condition resulting in death)		caused the death. each line.		er the mode of o	tying, such a					Approximata Interval Between Onset and Death
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aw requires to seen a 2 should								24a. Was perf	an autopsy ormed?	ava	re autopsy findings ilable prior to apletion of cause leath?
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19.	30. Name and address of person	who completed cause	se of death (Item 2	3a) (Type, 1	Print)	RID,	Lui	Herui	lle, r	us.	21093
State Registrar	31. Data filed (Month, Dev. Year APRO 2	1997	egistrar's Signatur	1. Rong	100			_			

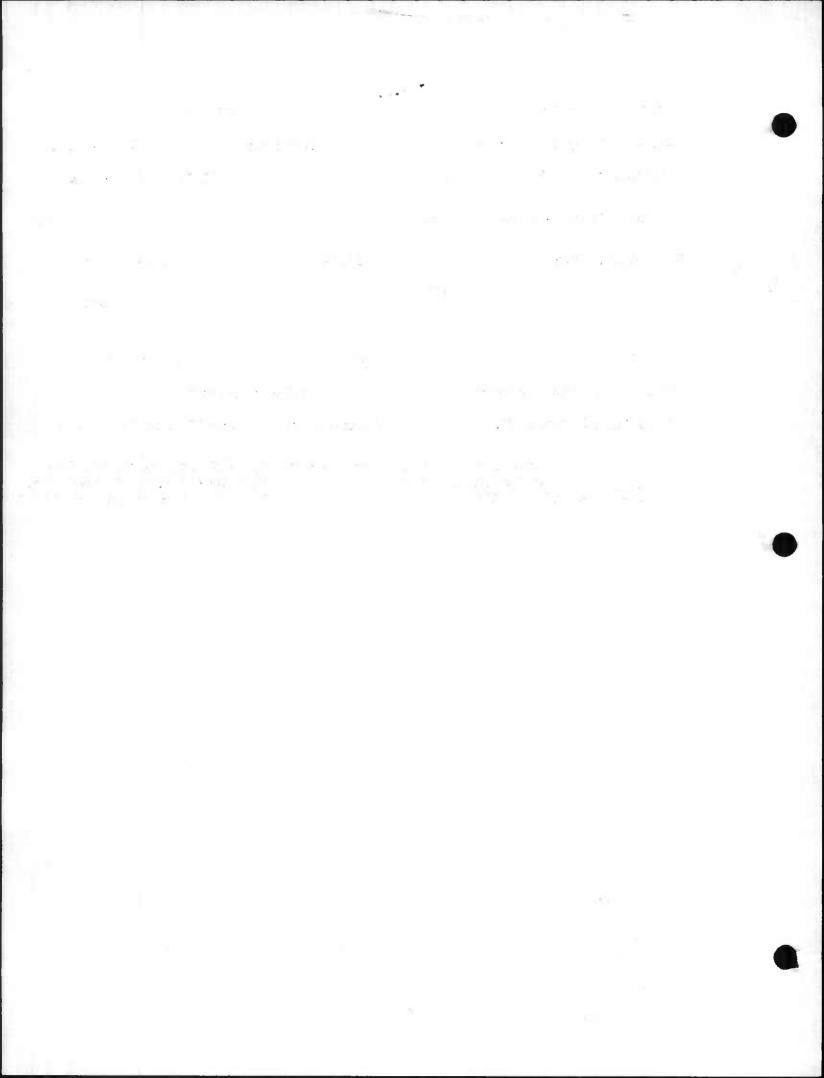
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State of Maryland / Department of Health and Mental Hygiene

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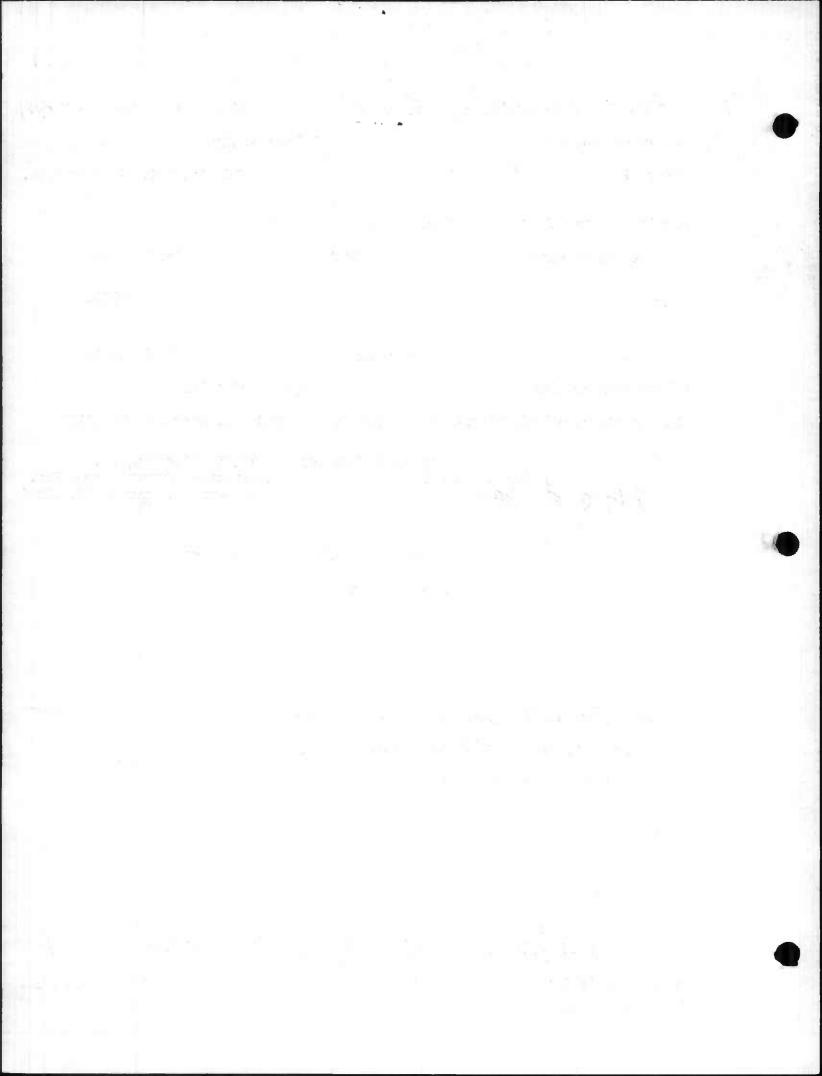
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hysician /Medical	Mayo Farrell		A	April 4	4. 1997 Y	9:20 AM
/wedicar Examiner	4e. Facility Nama (If not institution, give street end number)		4b. City, Town, or Loc		4c. County of	
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Q P	3√2 Widowed 4 □ Divorced Yaer or Datas: 10/10	9/45				
ete	15. Decedent's Education (Specify only highast grede completed)	16e. Decedent's Usuei Occup (Giva kind of work done	during most of working	a	16b. Kind of Busin	ness/Industry
Completed	Elementery/Secondery (0-12) College (1-4or 5+)	life. DO NOT use retired	d)			
ြို့	12	Surveyor			Surveyi	nq
Be	17. Fether's Neme (First, Middle, Last)		18. Mother's Nema	(First, Middle, I		
10	Unknown Unknown Unknown		Unknown	Unknown	Unknown	
1	19e. Informent's Neme/Reletionship (Type, Print)	19b. Meiling Address (Street				
	Mr. Gilbert C. Bange (Son)	4612 Old Court	t Road Pi	kesvill	e.Marvla	nd 21208
	20e. Method of Disposition 20b. Ple	ca of Disposition (Neme of			20c. Location - Cit	
	1 D Buriel 2 Cremetion 3 Removel from State	metery, cremetory or other place	1			
any injury once.		uid Ridge Ceme	-			, Maryland
SUCS	21. Signeture of Funeral Servica Licensee Jeffrey L. C	Gair 22. Name end Addre	Ruc			1 Home, Inc.
	flying of your		105	0 York	Road To	wson, Md. 21204
	23a. Pert I. Enter the disease, or complications that caused the death. shock, or heart feilure. List only one cause on each line.	Do not enter the mode of dyin	ng, such es cardiec or	respiratory erro	ast,	Approximata Intervel Between
ian						Onsat end Deeth
ical	Immediate Cause (Final disaesa or condition					
ner	resulting in deeth) a.	es e consequence of):				
ē		et ann				
Examiner	Sequentially list conditions	as e consequence of):				
ysician/Medical Examir	if eny, leeding to Immediate					
<u>e</u>	Cause (Disease or injury that initiated events					
edical	rasulting In deeth) Lest	as e consequence of):				
N.	d					
ia						
Physician	Part II. Other significant conditions contributing to death but not result	ing in tha underlying cause giv	en in Pert I.	23b. Did to	bacco use contri	bute to the cause of death?
문				1 □ Y	es 2□ No 3	Probably 4 Unknown
by						·
ieted				24e. Wes e		4b. Were eutopsy findings available prior to
Completed				penon	ilou!	completion of causa of deeth?
E				40	200	× -
	OF W			1□ Ye		1 ☐ Yas 22 No
Be	25. Wes case referred to medical examiner? 1. Ves 2. Malo Hospitel:		26. Plece of Deeth			
2	1 Inpatient 2 El	R/Outpatient 3 DOA Oth	425 Nursing Hom		ince 6 Other (Specify)
on:	27. Menner of Deeth 28e. Dete of Injury 1 ☑Naturel 5 ☐ Pending (Month, Dey Year)	8b. Time of 28c. Injury World		8d. Describe ho	w Injury occurred	
Sati	2 ☐ Accident Investigetion		Yes 2□No			
THE STATE OF	3 ☐ Suicide 6 ☐ Could not be determined 28e. Pleca of Injury - At hom building, etc. (Specify)	e, ferm, street, fectory, office	28	Bf. Location (St City or Town	reet end Number (or Rurel Route Number,
Certification:	Sanding also (openly)			, o	,,	
ie.	29e. Certifier 12 Certifying Physician: To the best of my knowledge.	edge, deeth occurred et the tin	ne, dete end pleca, er	nd due to the ce	euse(s) end menne	er as steted.
edicai	(Check only one) 2 Medical Examinar: On the besis of axaminatio end manner steted.	n end/or investigetion, in my o	pinlon, death occurred	d et the time, de	ete end place, and	dua to the causa(s)
Me	29b. Signature and titla of certifier	29c. Licens	e number	2	9d. Date signed (A	Month, Dey, Year)
	Benfar Veroback, M.D.		47813		April 4	1997
			+10'>		11 11 4	,
		Northern Park	way Ba	Ultrare	MD 2	1214
State	31. Dete filed (Month, Dey, Year) 32. Assistant Signature 33. Assistant Signature 34. Assistant Signature 35. Assistant Signature 36. Assistant Signature 36. Assistant Signature 37. Assistant Signature 38. Assistant Signature 39. Assistant Signa	- Mandelle				
istrar	APRO 7 1997					



State of Maryland / Department of Health and Mental Hygiene 9

10407

				Cei	rtificate of	Death		Reg. No.		
	1. Decedent's Name (First, Middla, L	ast)			1			eath	Vees	3. Time of Death
	KUTH EL	12A1	BETH	GR	1000				1997	410AN
er	4a. Facility Name (If not institution, g	ive street and n	rum <i>ber)</i>	1.		4b. City, Town, or L	ocation of Dee	th 4c. Count	y of Death	
	St. Agnes Hospita	al				Baltimor	e City		N/A	
	Social Security Number 6.		7. Age (In yrs. la	ast birthday)			8. Date of B	irth	9. Birthpl	ace (State or Foreign
	166-30-1979 Usual Residence of Decedent	1□M 2XJF	77	Yrs.	Months Deys	Hours Min.	July 1	15, 1919	Pitt	ace (State or Foreign in) sburgh, Pa.
	10a. State 10b. County		10c. City	, Town or Lo	cation				10	Od. Inside City Limits
cto	Maryland Carro	11 Co.	Wes	stmins	ter					1 ☐ Yes 2 🔀 No
Sire	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Coun	try?
ai	466 East Green St	reet			21157			United	State	S
ner	11. Marital Status	12. Was De	cedent Ever in U,S	S. 13. V	Was Decedent of I	Hispanic Origin? (Sp	ecify Yes or N	o- 14. Ra		
by	1 ☐ Never Married 2 ☐ Married 3 ☐ Wildowed 4 ☐ Divorced	1 🗆 Yes	20 No Sive				Hican, etc.)			
ted			4)	16a. Deced	dant's Usual Occup	pation	-lan	16b. Kind of I	Businass/Ind	ustry
ple				life. L	NOT use ratire	during most of worked)	ang			
5	12		(,	Secr	etary			Real	Esta	te
3e (17. Fathar's Name (First, Middle, Las	it)			_	18. Mother's Nam	e (First, Middle	e, Maiden Suma	me)	
2	Wilbur John Robbi	ns				Lyda Pe	arl Gel	Ltz		
	19a. Informant's Name/Relationship	(Type, Print)		19b. Mailin	ng Addrass (Street	t and Number or Rui	ra/ Route Numi	ber, City or Town	, State, Zip	Code)
	Mrs. Connie R. Sa	alkeld (I	Daughter)	466	East Gre	en Street	Westn	minster,	Md.	21157
İ	20a. Mathod of Disposition		0.0	ace of Dispo	sition (Name of		Data	20c. Location	- City or Tox	wh, State
			n State		_		00/07	Cloncha	T.T Do	
		•								
	1 July o	1. 5	w.							
	23a. Part1. Enter the disaasa, or cor shock, or heart failure. List only	nplications that	caused the death	. Do not ente	er the mode of dyi	ng, such as cardiac	or respiratory	arrest,		Approximete Interval Between
ner	Immediate Cause (Final disease or condition resulting in death)	a				RY DIS	EAS	5	1	
直	Constantially lies and distance	b	Due to /or		uanaa afti				1	
ai Exa	if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C	D00 10 (01	as a conseq	delice oij.					
₹	resulting In death) Lest	d	Due to (or	es e conseq	uence of):					
iciar	Part II. Other aignificant conditions	contributing to	death but not resul	lting in the ur	derlying cause of	van in Part I	23h Did	I tohecco use c	ontribute to	the cause of death?
hys	01-									ably 4 Upknown
þ										re autopsy findings
npiete					JTDIF	BETES	perl	ormed?	eva	ilable prior to ilable prior to ippletion of cause leath?
5	HYPEN	KTEN	ISION				1 🗆	Yes 2 No	1□	Yes 2□ No
	25. Was casa referred to medical					26. Placa of Daa	h (Check only	one)		
0	axaminer? 1 ☐ Yes 2 ☐ No	Hospital:	Inpatient 2 E	R/Outpatien	t 3 DOA Ott	her:			her (Specify)
	27. Manner of Death	28a. Date	of Injury	28b. Time of						
atio	1 Natural 5 ☐ Pending investigation		inii, Day (Bai)	injury						
Iffic	3 ☐ Suicida 6 ☐ Could not	20a. Plac	e of Injury - At hor	ne, farm, stre	eet, factory, office		28f. Location	(Street and Num	ber or Rural	Route Number,
ert	4 Homicida	build	ding, etc. (Specify))			City or To	own, State)		
dicai C	29a. Certifier (Check only one)	miner: On the l	basis of examination	rledga, death on and/or inv	occurred at the ti restigation, in my o	ma, data and place, ppinion, death occur	and dua to the red at tha time	a causa(s) and m , data end place	anner as sta , and due to	ated. the ceuse(s)
N		1/	or viatau.		29c. Licens	se number	T	29d, Date slop	ed (Month I	Dav. Year)
	1	Heal	- 1	0	10 -	2152		1.0011		1917-
	an n A	1-1-1	A _ //		W.1 P.					
	sika	HOME	~ /1	ハリ	10 C	1913-		MIKIL	-41	1797
	30. Name and addrass of person who SYED HASH	completed cau	use of death (Item 40 D	23a) (Type, I	Print) OF SI	1915- 1184ER	24,51	AGNO	-41 55 /1	OSPITAL
	Physician/Medical Examiner To Be Completed by Funeral Director	4a. Facility Name (If not institution, g St. Agnes Hospita 5. Social Security Number 166-30-1979 Usual Residence of Decedent 10a. State 10b. County Maryland Carro 10e. Street and Number 466 Fast Green St 11. Marital Status 1 Never Married 2 Married 30 Widowed 4 Divorced (Specify only highest g Elementary/Secondary (0-12) 12 17. Fathar's Name (First, Middle, Las Wilbur John Robbi 19a. Informant's Name/Relationship Mrs. Connie R. Sa 20a. Mathod of Disposition 1 Marital Status 21. Signature of Funaral Service Lice 12. Signature of Funaral Service Lice 13. Part I. Enter the disaasa, or corshock, or heart failure. List only 14. Donation 5 Other (Spec 21. Signature of Funaral Service Lice 23a. Part 1. Enter the disaasa, or corshock, or heart failure. List only 23a. Part 1. Enter the disaasa, or corshock, or heart failure. List only 23a. Part 1. Enter the disaasa, or corshock, or heart failure. List only 25. Was casa referred to medical awaminer? 27. Mannediate Cause (Final disease or conditions resulting in death) 27. Mannediate Cause (Final disease or conditions or cause (Disease or Injury that intated events resulting in death) 27. Mannediate Cause (Final disease or conditions or cause (Disease or Injury that intated events resulting in death) 28. Willow Conditions or conditions or cause (Disease or Injury that intated events resulting in death) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one)	St. Agnes Hospital	4a. Facility Name (If not institution, give street and number) 5t. Agnes Hospital 5. Social Security Number 166-30-1979 Usual Residence of Decedent 10a. State 10b. County Maryland Carroll Co. Wes 10e. Street and Number 466 East Green Street 11. Marital Status 1 Never Married 2 Married 3 Married 3 Maryland (Specify only highest grade completed) Elementary/Secondary (0-12) 17. Fathar's Name (First, Middle, Last) Wilbur John Robbins 19a. Informant's Name/Relationship (Type, Print) Mrs. Connie R. Salkeld (Daughter) 20a. Method of Disposition 15. Status Maryland College (1-4or 5+) 17. Saly Maryland College (1-4or 5+) 18a. Informant's Name/Relationship (Type, Print) Mrs. Connie R. Salkeld (Daughter) 20a. Method of Disposition 15. Status Maryland College (1-4or 5+) 21. Signature of Funaral Service Licensee Firety L. Grade College (1-4or 5+) 22a. Part Enter the disasas, or complications that caused the death shock, or heart failure. List only ona ceuse on each line. Immediate Cause (Final disasas, or complications that caused the death shock, or heart failure. List only ona ceuse on each line. Part II. Other algnificant conditions contributing to death but not resure from the state of the death shock, or heart failure. List only ona ceuse on each line. Part II. Other algnificant conditions contributing to death but not resure from the state of the death shock, or heart failure. List only ona ceuse on each line. Part II. Other algnificant conditions contributing to death but not resure from the state of the death shock, or heart failure. List only ona ceuse on each line. 25. Was casa referred to medical aximiner? 27. Menner of Death (Chick only one) (Activity one)	1. Decedent's Name (First, Middle, Last) WITH ELL ABETH GR 4a. Facility Name (If not institution, give street and number) St. Agnes Hospital 5. Social Security Number 10b. County 10c. City, Town or Loudy 10c. City, Town or Loudy 10c. City, Town or Loudy 10c. City, Town or Loudy 10c. Street and Number 10c. Street Number 10c. Street and Number 10c. Street and Number 10c. Street and Number 10c. Street and Number 10c. Street and Number 10c. Street and Number 10c. Street and Number 10c. Street and Number 10c. Street and Number 10c. Street and Number 10c. Street and Numb	1. Decedent's Name (First, Middle, Last) WITH CLIABETH GROBE 4a. Facility Name (In ot Institution, give street and number) 5. Social Security Number 16. Sex Agnes Hospital 5. Social Security Number 10a. State 10b. County Maryland Carroll Co. Westminster 10c. City, Town or Location Maryland Carroll Co. Westminster 10c. Street and Number 10b. Street and Number 10c. Street and Number 10c. Street and Number 10c. City, Town or Location Westminster 10c. Street and Number 10c. Street in U.S. 11 Martial Status 11 Martial Status 12 Martial Street in U.S. 12 Ness Decedent Street 12 Ness Gave 12 Street of Date Street 12 Street of Date Str	As Facility Name (if not institution, give street and number) St. Agnes Hospital	Deceded to Name (First, Micria, Last) 2. Date of Months 3. Secolar Security Name (If not institution, you street and number) 3. Secolar Security Name (If not institution, you street and number) 3. Secolar Security Name (If not institution, you street and number) 3. Secolar Security Name (If not institution, you street and number) 3. Secolar Security Name (If not institution, you street and number) 3. Secolar Security Name (If not institution) 3. Secolar Name (If n	Designative Name (Pirst, Medite, Last) Consequent Name (Pirst, Medite, Last) Consequent Name (Pirst, Medite, Last) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Medite, Maxim) Consequence of the Name (Pirst, Me	Compared Name (First, Motion, Last) Compared Name (First, Motion,



81

Yrs

Baltimore

10c. City, Town or Location

15√M 2□ F

State of Maryland / Department of Health and Mental Hygiene Per F/H

Days

21211

10f. Zip Coda

10g. Citizen of Whet Country?

U.S.A

INLAR

10d. Insida City Limits Yes 2□ No

Maryland

Item2	6 407-97	FilmG746 \	W.H.Pe	er F/H	
	1. Decedent's	Nama (First, Mic	ddle, Last)	
Physician /Medical	0.111	Willi	am '	Thomas	G
Examiner	4e. Fecility Na	ame (If not institut	tion, give	street and nu	m <i>ber)</i>
		Sinai H	ospi	tal	

10a State

Maryland

10e. Street end Number

Director

5. Social Security Number

216-10-5456

Usuel Residence of Decedent

10b. County

1020 Union Avenue

N/A

Cei	rtificate of		, ,	g. No.	01	10400
Gordon			2. Date of Deeth Month Apr 3,	1997	Yaar	3. Time of Death 7:17pm
nber)		4b. City, Town, or Lo Baltimore		4c. Count	y of Death	
7. Age (In yrs. lest birthday)	If Undar 1 Year Months Days	If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Dey,	Year)	9. Birthp	niace (Stete or Foreign

Aug 24, 1915

Funeral Director

filed within 72 hours after deeth with the Maryland Hygiene. Other than "natural", or frams 23a or 28a-f show ent, the Medical Examinat must be notified at

traumatic event, Pages 1 and 2 should be fill ment of Heelth and Mentel Hi ant: If item 27 is marked oth itam 27 is r other tra

Baltimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

Department of Important: If any Injury or Physician /Medical Examiner

= 6

The law requires that the death certificate be executed **buriel-trensit** pue physi the b for use signed by t page 2 certificate or Attending Physician: funeral director, this After efter deeth. filled in by 24 hours e Hospital within 2 To the I

Funeral 12. Was Decedent Evar in U,S. Armed Forces? 13. Was Dacedent of Hispenic Origin? (Specify Yas or No-lf Yes, specify Cuben, Mexican, Puerto Ricen, atc.) 14. Rece - Amarican Indien, Bleck. Whita, etc. V3Yas 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: White à WW II 3 ☐ Widowed 4 ☑ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Baltimore City Elementery/Secondary (0-12) College (1-4or 5+) Department of Recreation 8 Golf Course Manager 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama) Be 2 Alice Crew William Gordon 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 3 Roxburgh Court, Baltimore, Maryland 21236 William David Gordon (Son) 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete XX Buriel 2 Cremation 3 Removel from Stata 4 Donetion 5 Other (Specify) Garrison Forest VA Cem 4/7/97 Owings Mills, Md 21. Signeture of Funeral Service Licenses 22. Name end Address of Facility A. Alan Seitz, Jr. Funeral Home 3818 Roland Avenue, Baltimore, Maryland 21211 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Immediete Ceuse (Finel diseese or condition resulting in deeth) GENERALIZED ATHEROSCLEROSIS Due to (or es e consequence of): Examiner Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Physician/Medicai Due to (or as a consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the ceuse of death? 1 Yes 2 No 3 Probably 4 Unknown **PARKINSONISM** þ 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed 24s. Was en eutopsy parformed? CHRONIC BRONCHITIS 1 Yes 2X 000 1 ☐ Yes 2 ♥ No 25. Wes cese referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient Other: 4\ \(\text{Nursing Home} \) 5 \(\text{Residence} \) 6 \(\text{Other} \(\text{(Specify)} \) Certification: To 1 Yes 2 X No 2 ER/Outpetient 3 □ DOA 28e. Dete of Injury (Month, Day Yeer) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Naturel 2 No 1 Yas 2 Accident 6 Could not be determined 3 Suicida Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, straet, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Livertifying Physicien: To the best of my knowledge, deeth occurred et the tima, deta end place, end due to the ceuse(s) end menner es steted. Medicai 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. (Check one) 29c. Licansa number and title of certifier 29d. Date signed (Month, Dey, uei u D02397

711 W. 40th St. Suite 400

Baltimore, MD

21211

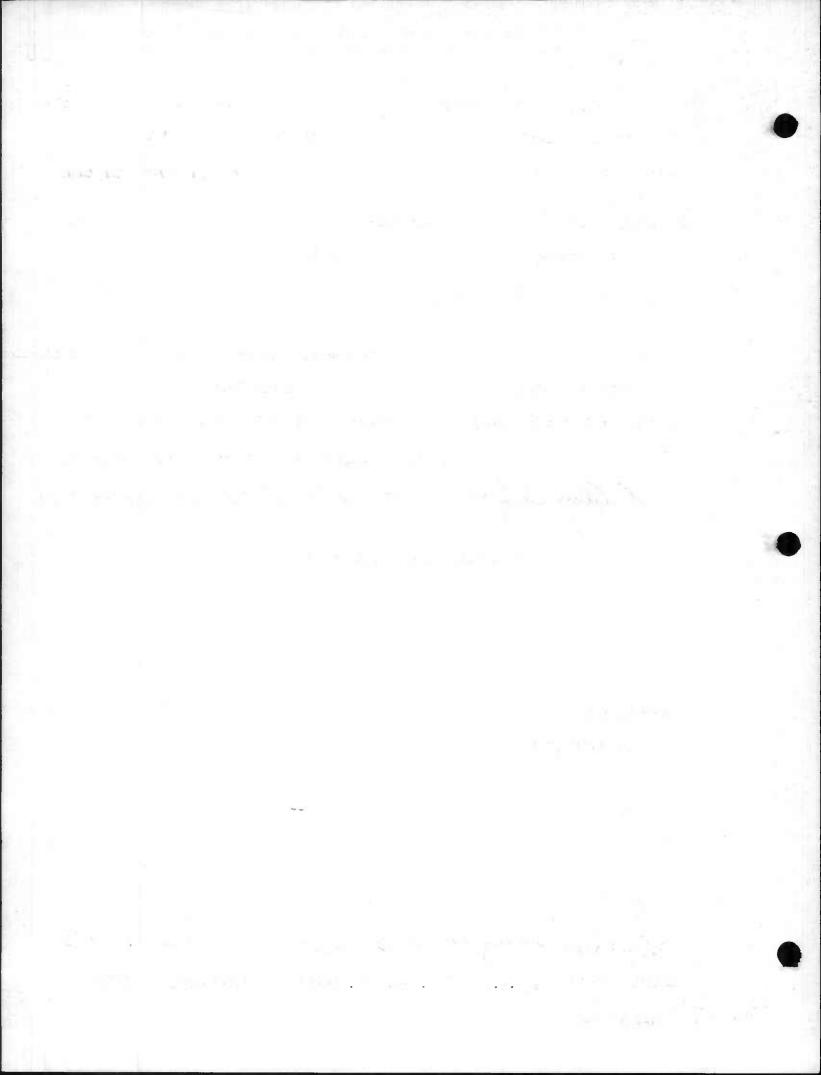
State Registrar

31. Date filed (Month, Day, Year)

SHELDON GOLDGEIER, M.D.,



30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)



97-1446-510

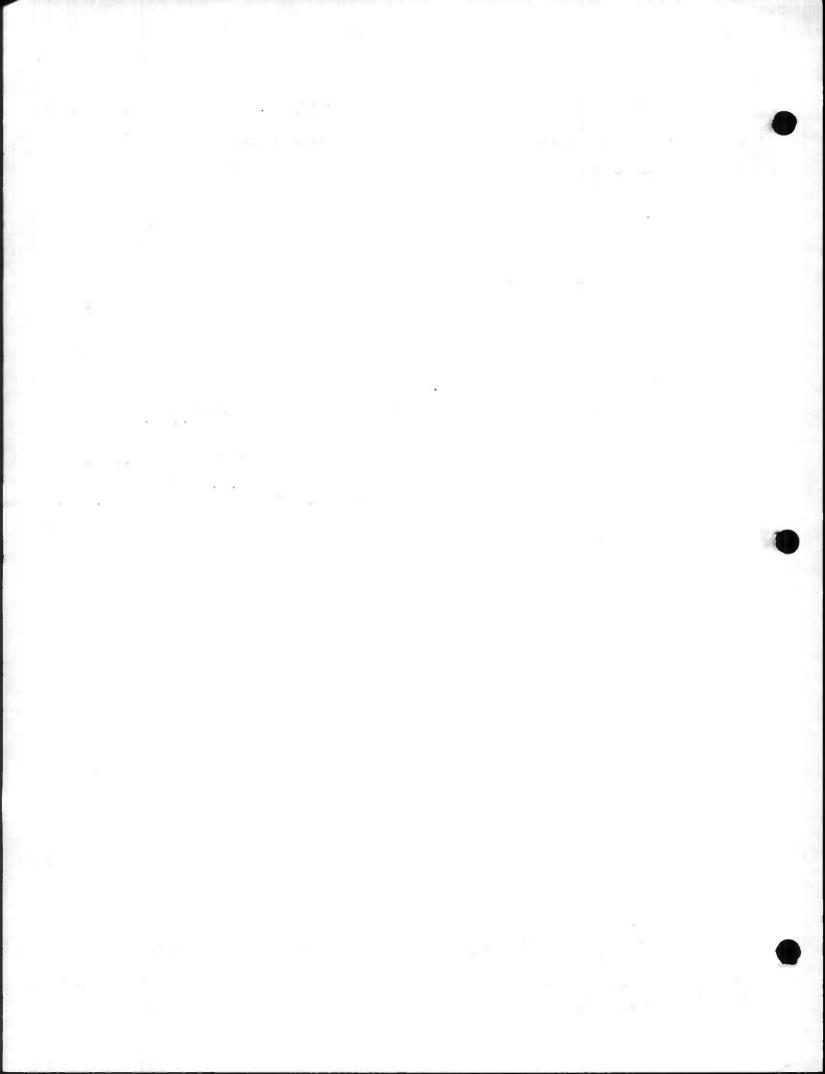
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97

10409

Description Description Description Projection Description D			tem	23,27,28abcdef Per 1	MEO Film G746	4-8-97	,Gei	tificate	e of L	Deat	h		Reg. No.				
MILLIE FORDAL DISCOUR HOSPITAL 1.8 - 20 - 5724 MD				1. Decedent's Nama (First, Middle,	Lest)									Voor	3. Tima of Deeth		
Example of a Fastily-New grant part anathering give street end number) SEON SECOULT COLORS (COURT OF CONTROL				WILLIE					CPE	ITN	JR.				6.02P		
BON SECOUR HOS DITAL 2.8 - 70 - 57 2.4 Saw Hos F 40 Yes 2.8 - 70 - 57 2.4 Saw Hos F 40 Yes 2.8 - 70 - 57 2.4 Saw Hos F 40 Yes 3.8 - 70 - 70 Yes 3.8 - 70 - 70 Yes 3.8 - 70 - 70 Yes 3.8 - 70 - 70 Yes 3.8 - 70 - 70 Yes 3.8 - 70 - 70 Yes 3.8 - 70 - 70 Yes 3.8 - 70 - 70 Yes 3.8 - 70 - 70 Yes 3.8 - 70 - 70 Yes 3.8 - 70 - 70 Yes 3.8 - 70 - 70 Yes 3.8 - 70 - 70 Yes 3.8 - 70 - 70 Yes 3.0 Yes 3.0 Yes 3.0 Yes 3.0 Yes 3.0 Yes 3.0 Yes 3.0 Yes 3.0	γ.				give street end number)												
Source of countries of December 12 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	4	LXaiiii	iici	DOM GEGOUD HO	CDIMAI						17110			,			
218 - 7 0 - 5 7 2		F				e /In vrs les	t hirthday)	If Under					+h	O Righ	place (State or Fore		
Design of the College Control of the College Control of the College												(Month, Di	y, Yeer)	Cou	intry)		
To a Steen Inc. Course Inc		Director				40						10 9	36	MAR	CYLAND		
17. Februra Name (First, Middle, Asside Organical Control of Con		and *				10c. City, 7	Town or Lo	cation							10d Inside City Lim		
17. Februra Name (First, Middle, Asside Organical Control of Con		lary!	ក	MD.	N/A	B	TT.TA	MORE									
17. Februra Name (First, Middle, Asside Organical Control of Con		he A	ect														
17. Februra Name (First, Middle, Asside Organical Control of Con		o s	D.												ntry?		
17. Februra Name (First, Middle, Asside Organical Control of Con		23a	2	4640 DENVIEW	√ WAY			2.	1206)		-		US			
17. Februra Name (First, Middle, Asside Organical Control of Con		r de	Ine	11. Maritel Status	12. Was Decedent I Armed Forces?	Ever in U,S.	13. V	Vas Deced	ent of Hi	spanic C	Origin? (Span, Puerte	pecify Yas or No)- 14, F				
17. Februra Name (First, Middle, Asside Organical Control of Con	2	or it		1 ☐ Naver Married 2 🕅 Marrie	d 1X1Xes 2 1	No									, 610.		
17. Februra Name (First, Middle, Asside Organical Control of Con	0200-91212	raf',		3 Widowed 4 Divorced	Year or Datas:			I I I as 4	M-WAO	Specii	у.		Spe	BI.	K.		
17. Februra Name (First, Middle, Asside Organical Control of Con	ה	72 h	te	15. Decedent's	Education	1	16e. Daced	lent's Usue	Occupe	tion		de de a	16b. Kind o	Businass/Ir	ndustry		
17. Februra Name (First, Middle, Asside Organical Control of Con	Z	hin .	ple				life. L	DO NOT us	a retired	u <i>ring</i> mo	ost of wor	king					
The life in the property of th	7	y with	E			, , ,	MEC	HANI	C				AU	TO -			
The life in the property of th		Hyy ent,		17. Fether's Neme (First, Middle, La	ast)					18. Mot	her's Nen	ne (First, Middle					
SHARON GREEN (WIFE) 1735 WAVERLY WAY BALTIO., MD. 21239 20a. Memory of Disposition (Name of Control Place) 1 Duta 20a. Location - Givy of Town, State Duta Duta 20a. Location - Givy of Town, State Duta Duta Duta 20a. Location - Givy of Town, State 20a. Location - Givy of Town, State 20a. Location - Givy of Town, State 20a. Location - Givy of Town, State 20a. Location - Givy of Town, State 20a. Location - Givy of Town, State 20a. Location - Givy of Town, State 20a. Location - Givy of Town, State 20a. Location - Givy of Town, State 20a. Location -	2	ed be	0 8	WILLIE	GREEN	I SR				MA	RY						
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29a. Certifier 1 Certifying Physician: To the bast of my knowledge, daeth occurred at the tima, data and pieca, and due to the causa(s) and menner es stated. 29b. Signature and title of certifier 29c. Licansa number 29c. Licansa number 29d. Date signed (Month, Day, Yeer) O. C. M. E. MARCH 30, 1997 30. Neme and outrass of person who completed cause of deeth (Itam 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 2120 31. Detection of the bast of my knowledge, daeth occurred at the tima, data and pieca, and due to the causa(s) and menner es stated. 29c. Licansa number 29d. Date signed (Month, Day, Yeer) 111 Penn Street, Baltimore, Maryland 2120 31. Detection of the pay Year) 31. Detection of the bast of my knowledge, daeth occurred at the tima, data and pieca, and due to the causa(s) and menner es stated. 29c. Licansa number 29d. Date signed (Month, Day, Yeer) 111 Penn Street, Baltimore, Maryland 2120	5		1 1		28a. Data of Injur	ry 28					dusing ri				19)		
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Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death Month Veer

Physician
/Medical
Examiner

Funeral Director

death with the Maryland r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Peges 1 and 2 should be filed within 72 hours efter ment of Health and Mental Hygiene.
nnt: If Item 27 is marked other than "natural; or ite my or other traumate event, ITE Medical Exercise my or other traumate event, ITE Medical Exercise. Department of Important: If any injury or

altimore, Maryland 21215-0020

Physician /Medical Examiner

Physician/Medical Examiner The law requires that the death certificate be executed ettending physician end for use es the bunel-tran Division of Vital Records, P.O. Box 68760. signed by the el ģ Completed peen certificate hes or Attanding Physician: Be 2 this Certification: After To the Hospital or Attandir within 24 hours efter death.

To the Funeral Director: At completely filled in by the fu death.

Meghji Ga1a April 1997 4:08 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Prince George General Hospital Cheverly Prince George 5. Social Security Number If Under 1 Year If Under 24 Hrs. Hours Min. 6 Sex 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 1₩ M 2□ F Deys 71 Yrs. 215-08-6241 5-25-1925 India Usual Residence of Decedent 10e State 10h County 10c. City, Town or Location 10d. Inside City Limits Director 1 Yes 2 □ No Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 16305 Whitehaven Road Funeral 20906 India 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ▼No If Yes, Give 11. Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Merrled 1 ☐ Yes 2√2 No Be Completed by 3 Widowed 4 □ Divorced Specify: Indian Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Business Manager Food 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Ramji Govar Gala Budhibai R. Gada 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Bhavi Vora/Son-in-Law 16305 Whitehaven Road Silver Spring, MD 20906 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☐ Buriel 2 X Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Balt. Wash. Crematory 4-5-1997 | Laurel, Maryland 21. Signeture of Funerel Service Licensee 22. Neme and Address of Fecility Fleck Funeral Home, Inc. anuels 7601 Sandy Spring Road Laurel, MD 20707 23a. Part1. Enjoy the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, of the fellure. List only one cause on each line. Approximete Interval Between Onset end Deeth diseese or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of); Part II. Other significant conditions contributing to death, but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 TYAS 24e. Wes en autopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 200 No 25. Wes case referred to medical examiner? 26. Pleca of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Appatient 2 ER/Outpetient 3 DOA 27 Menner of D Netural 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Medical 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

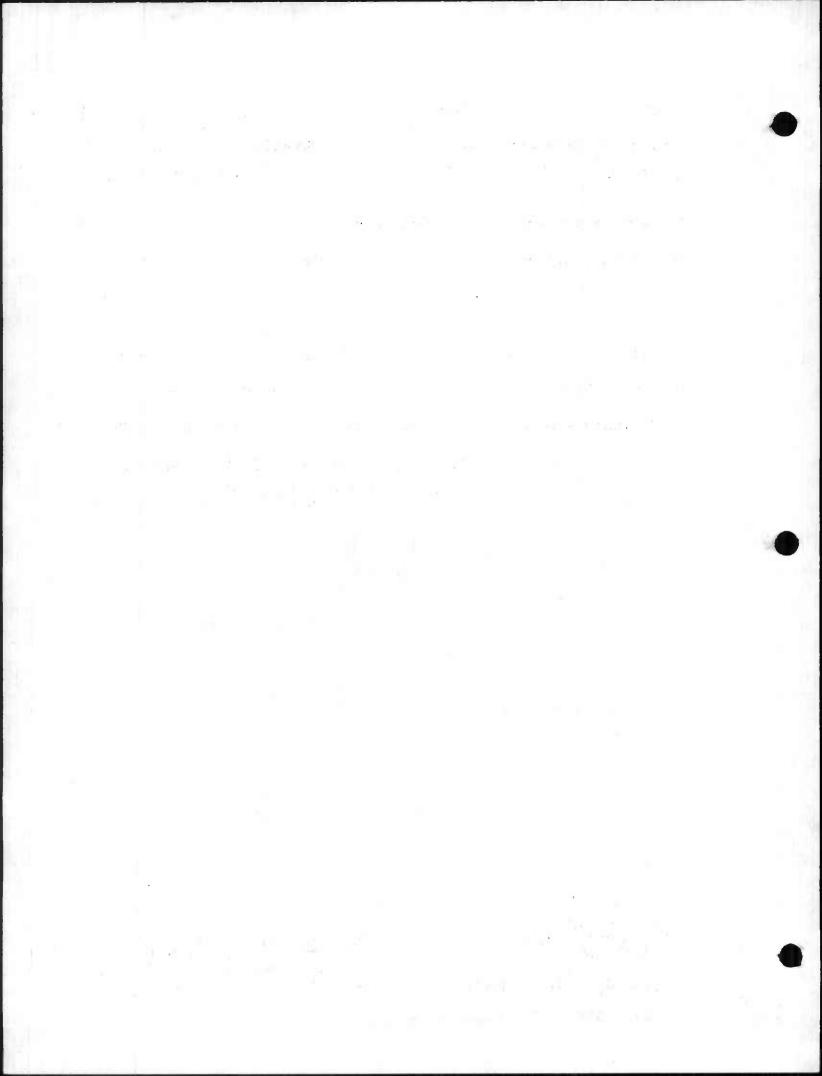
Madical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred et the time, dete end place, and due to the ceuse(s) end manner steted. 29b. Sig 29c. License number 29d. Date signed (Month, Dey, Yeer)

State Registrar

APRO? 1997

31. Dete filed (Month, Day, Year)

ed cause of death (Item 23e) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2 Date of Death 3 Time of Deeth 08: 50A Ivace 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Dee St, Agnes Hospital Baltimore If Under 24 Hrs. 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) 1□ M 2□XF Days Months Yrs. 219-05-7814 75 Feb 19,1922 Maryland Usual Residence of Dacedent 10a State 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 No Maryland Baltimore Lansdowne 10e. Street end Numbar 10f. Zip Code 10g. Citizen of Whet Country? 2208 Hammonds Ferry Road 21227 United States 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-it Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 11. Marital Status 14. Race - American Indian Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 21 No It Yes, Giva Year or Dates: 1□ Yes 2√ No Specify: Specify: 3 Widowed 4 Divorced White 16e. Dacedant's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Sacondary (0-12) Collaga (1-4or 5+) Secretary Real Estate 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surname) George T. Grace Mary C. Eichelman 19a. informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Rolling Farm Court F. Michael Grace Nephew Catonsville, Maryland
Date of Disposition (Neme of Camelery, cremetory or other place)

Catonsville, Maryland
Date Date
April 21228 20c. Locetion - City or Town, Stete 20e. Method of Disposition April 7 1 Burlet 2 Cremetion 3 Removel from State New Cathedral Cemetery 1997 Baltimore, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Facility Ambrose Funeral Home of Lansdowne 21227 Maan 2719 Hammonds Ferry Rd. Lansdowne, MD. 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart tailure. List only one ceuse on each line. Approximate intervel Between Onsat end Death immediete Ceuse (Final diseese or condition rasulting in deeth) DREUMONIA Pert ii. Othar significent conditions contributing to death but not rasulting in the undarlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24b. Were eutopsy tindings eveilable prior to completion of cause of daeth? 24e. Wes en eutopsy

Physician /Medical Examiner

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physician s the buriel

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page 2 s

Be

Certification: To

Medicai

filled in by the funeral director,

certificate

After

24 hours efter death.

within 24 hor To the Fune completely fi To the

Hospital or Attending Physician: The law requires thet the death certificate be executed

P.O. Box 68760,

Division of Vital Records.

Physician

/Medical

Examiner

Funeral

Director

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permit. Peges 1 and 2 and Depertment of Heelth and Important: If Item 27 is many Injury or other traumonce.

Baltimore, Maryland 2121

Examiner Sequantially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in death) Lest Physician/Medicai þ Completed

1 Yes 2 No

1 □ Yas 2 □ No

25. Was case referred to madicel exeminer? 26. Piece of Deeth (Check only ona)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1/2 inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28d. Dascribe how injury occurred 28b. Time of

28c. Injury et Work? 28a. Dete of injury (Month, Day Year) 1 Naturai 2 Accident 5 Panding investigation 1 Yes 2 No 3 Sulcide 6 Could not be

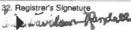
28e. Piece of injury - At home, tarm, street, factory, office building, atc. (Spacify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stata) 4 Homloide 29a. Certifier

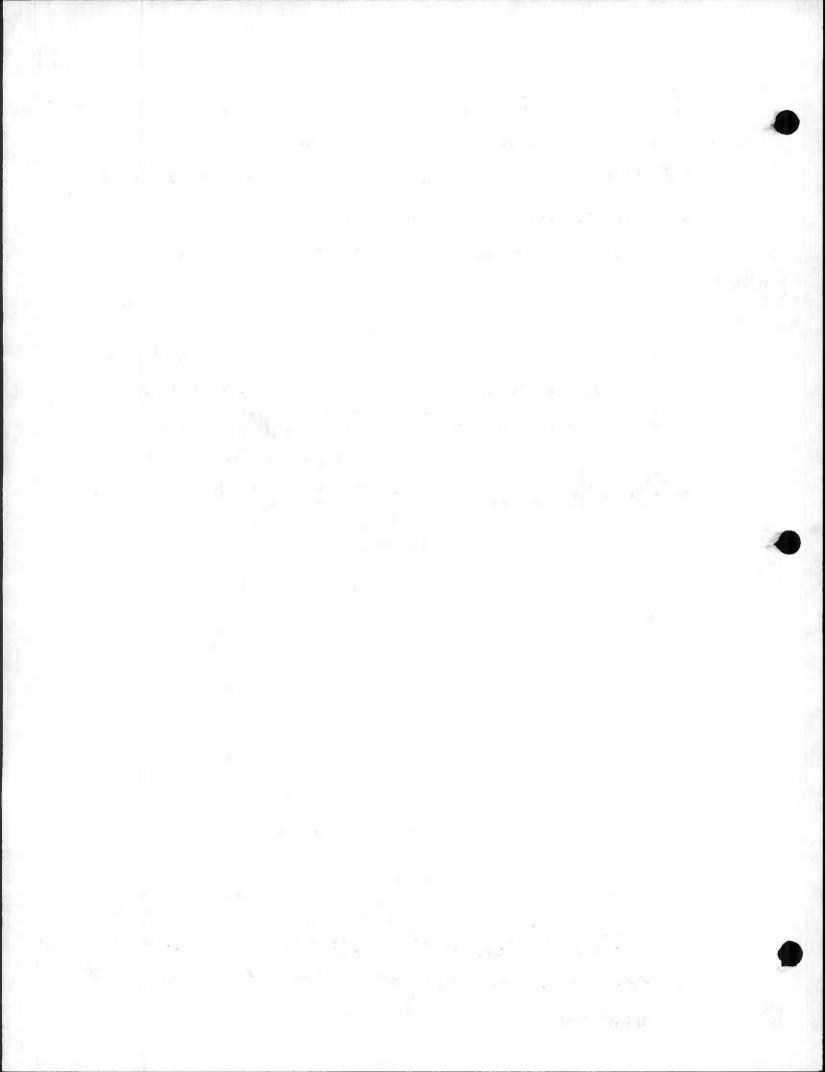
1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and dua to the ceuse(s) end mannar as steted.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the ceuse(s) end menner stated.

29b. Signeture end title of certifier PO 9138

daeth (Item 23e) (Type Print), Ave., Baltimore, MD. who completed ceuse of 31. Dete tiled (Month, Day, Year)

State Registrar





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth MARCH Hall 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth BALTIMORE MEDICAL EXAMINER N/A | If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth | Months | Deys | Hours | Min. | 2 | 1 | 1 | 7. Age (In vrs. last birthday) 9. Birthpiace (Stete or Foreign Months XXM 2□ F 30 NORTH CAROLINA 10c. City, Town or Location 10d. Inside City Limits XXYes 2 No N/A BALTIMORE 10f. Zip Code 10g. Citizen of Whet Country? 524 E. NORTH AVENUE 21202 US 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes XX No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. Specify: BLK. 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) LABORER -0-WATER 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme)

KATIE

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

FARMER

Funeral Director the notified at the Maryla Director Funeral by Completed altimore, Maryland 2121 permit. Pages 1 and 2 should be tile.
Department of Health and Mental Hy, important: if flem 27 is marked offer any injury or other to.

Physician

/Medical

Examiner

Curtis

10b. County

HALL

5. Sociei Security Number

10e. Street end Number

1 Never Merried 2 Narried

3 ☐ Widowed 4 ☐ Divorced

Elementery/Secondary (0-12)

ROBERT

19e. Informent's Neme/Reletionship (Type, Print)

10a. Stete

MD.

237-36-6488 Usual Residence of Decedent

Physician /Medicai Examiner

Box 68760

P.O.

Records,

Division of Vital

physician end s the buriel-transit Physician/Medical 98 Be 2 Certification:

The law requires that the death certificete be executed certificate To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: Affer this certifics completely filled in by the funeral director; I

> State Registrar

(WIFE) 524 E. NORTH AVE. BALTIO., MD. 21202 CELIA HALL 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 → Quriel 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify) MT. ZION CEMETERY 4/4/97 BALTIO., MD. 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility E.L. PHILLIPS F/H PA Dectu CFSP 1721-27 N. MONROE ST. BALTIMORE, 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Onset end Deeth Immediate Cause (Finel Cerebro vascula accident disease or condition resulting in deeth) Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In death) Lesf Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 DUnknown Completed by 24b. Were eutopsy findings aveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ₺ No 25. Wes case referred to medical exeminer? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 27. Manner of Deeth 28b. Time of 5 Pending investigation 1 Maturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - Af home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es steted.

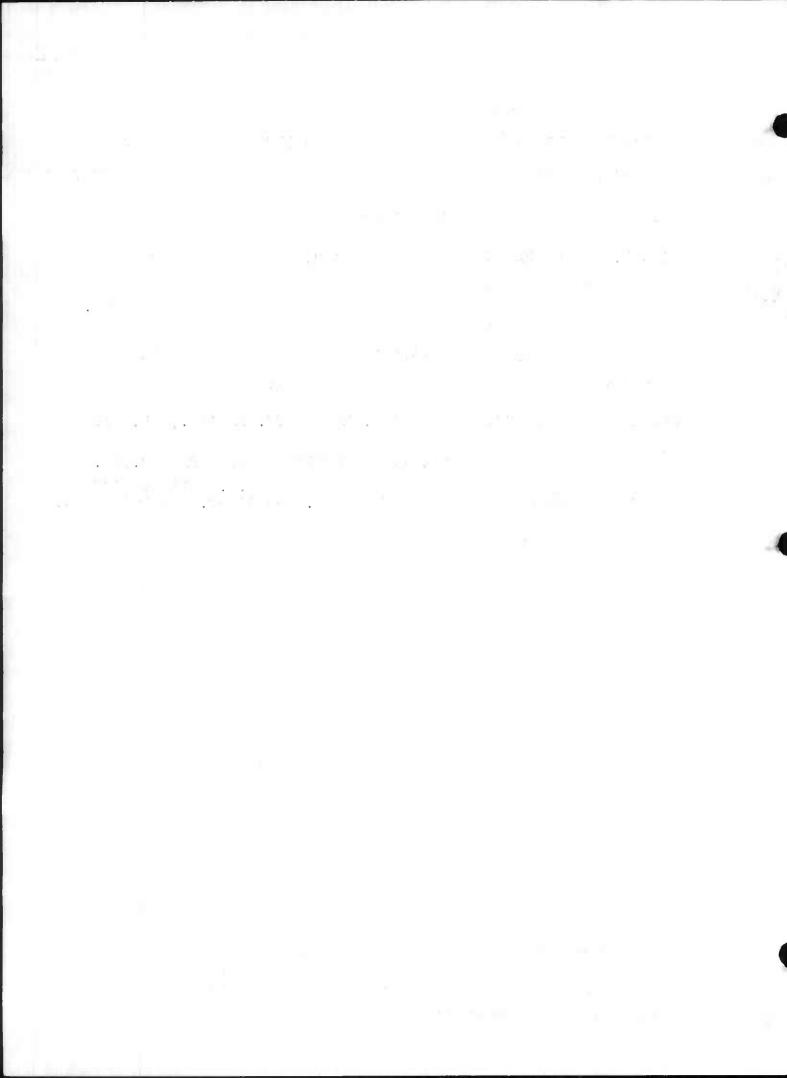
2 Medical Examinar: On the bests of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner steted. 29a. Certifier Medical (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Mian - Poor Kioung 1) 3/865

KIOUNE

30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)

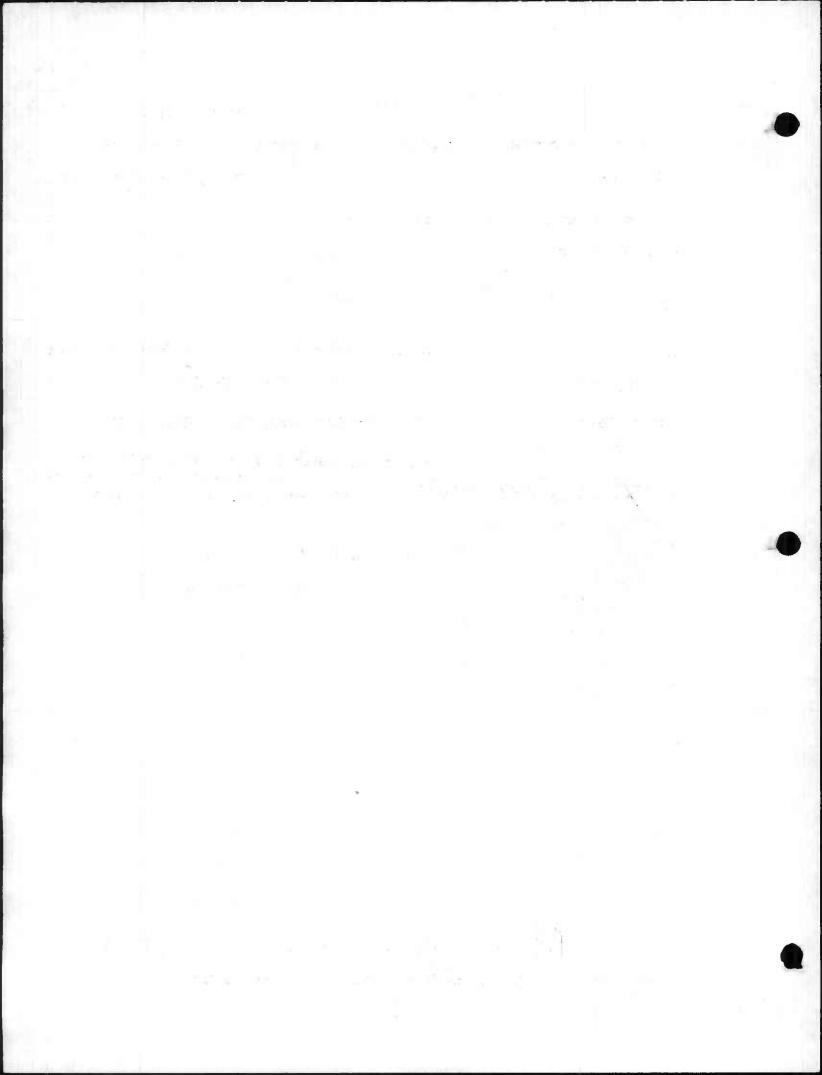
821 N. Eutow St BALTIMORE, MD

32 Registrer's Signature
Da Holon-Hono 31. Dete filed (Month, Day, Yeer) APR 0 7 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

Ite	m 1	, 8 per PHY Film G746 4-7-97 rja		Certificate of			Reg. No.	1	3. Time of Death
Physic /Med		Henry (Cleo	Dale		March	Day 4. 1997	Yaar	4:30 PM
Exami		4a. Facility Nama (If not institution, giva straat and number	r)		4b. City, Town, or			of Death	1100 111
Funeral Director		180-01-5867 ¹ ∑M 2□ F		Spital last birthday) Yrs. If Undar 1 Yaar Months Days	Chever1 If Undar 24 Hrs Hours Min.		Prince th 10/15 by, Year) 1916	9. Birthple Countr	rge's lca (Stata or Foraigr y) sylvania
Z1Z15-0020 d within 72 hours after death with the Marylend giene. Ir then "netural; or items 23s or 28a-1 show the Wedgel Examiner must be notified at		Usual Rasidance of Dacedant 10a. Stata 10b. County	10c. Cit	y, Town or Location	100			10	d. Inside City Limits
	to	Maryland Prince George's	Г	District Height	s				1 ☐ Yas ZĀNo
	Ol'e	10e. Street and Number		10f. Zip Coda			10g. Citizen of W	hat Countr	y?
	rall	6118 Alpine Street		20747			United States		
	by Funeral Director	11. Marital Status 1 □ Navar Marriad 2 □ Married 3 ☒ Widowed 4 □ Divorced 12. Was Dacedan Armad Forcas 1 □ Yas 2 ☒ If Yas, Giva Year or Datas	? No	.S. 13. Was Decedant of H If Yas, specify Cuba 1 ☐ Yas 2 🖾 🗓	dispanto Origin? (S an, Maxicen, Puar Specify:	Spacify Yas or No to Rican, atc.)	14. Race Black Specify:	- Amarica c, Whita, at Whit	tc.
	Completed	15. Decedant's Education (Specify only highast grada completed) Elementary/Secondary (0-12) College (1-4or 5+)		16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Aircraft Mechanic		rking	18b. Kind of Business/Industry Federal Government		
be file of other	To Be Co	10th 17. Fathar's Nama <i>(First, Middle, Lest)</i> Harry Henry			18. Mothar's Nar	ma (First, Middle, Henders	Maidan Sumama		
d 2 should d 2 should th end Men 7 Is marks	-	19a. Informant's Name/Raletionship (Type, Print)	19b. Mailing Addrass (Straat	and Numbar or Ru	ural Routa Numbi	er, City or Town, S	Stata, Zip C	Coda)	
C T N L		Gary L. Henry		8544 Ritchbo	ro Road,	Foresty	ville, Mo	207	47
Section		20a. Mathod of Disposition 1 □ Burial 2 ② Gramation 3 □ Ramoval from State	a C	riace of Disposition (Nama of ematary, cramatory or othar place		Data	20c. Location - 0		
permit. Pege Department Important: If any injury or		4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licensee	I	ee Crematory M			Clinton,		
permit. I Departm Importar any inju		21. Signatura of Funaral Sarvice Licensee Q. Alexandria Ferry Road, Clinton, Md 20735							
Physician American		Immadieta Causa (Final disaesa or condition resulting in deeth) Sequantially list conditions, if eny, leading to immadiata causa. Entar Undarlying Cause (Diseasa or injury that initiated evants rasulting in death) Last d.	Due to (or	r as a consequence of): T as a consequence of): as a consequence of):	Y E	ETO A	ACIDOG	S	
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or Attending Physician: The law requires the effer death. Director: After this certificate hes been signed in by the funeral director, page 2 should be a	o Be	25. Wes casa rafarred to medical axaminar? Hospital:		Othi	or.	ath (Check only o			
	-	27. Manner of Daath 1 Pletural 5 Pandino (Month, Da	ENOutpatient 3 DOA		a 5 ☐ Residance 6 ☐ Othar (Specify) 3d. Dascribe how injury occurred				
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Hosp 24 hou Funel	edical	29a. Certifiar (Check only one) 1 ☑ Certifying Physician: To the basis of the control of the control one)	of axaminati	viedga, daath occurred at tha timion and/or invastigation, in my op	na, data and place plnion, daath occu	, and dua to tha o	causa(s) and man date and place, ar	nar as stat	ed. na ceusa(s)
othe orple	Mec	29b. Signature and title of certifier /	a180.	29c. License		-	29d. Date signed		Land Inches
F>F0		Me	1	now Do	3/25		315	15	7
		30. Nema and eddress of person who completed causa of o	death (Inch ennsy	23a) (Type, Print)		r Marlbo	oro, Md		/
Cha	te		rar's Signat						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 10414 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Dey Martha AZRIL 1997 4:56 AM Itunt 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death H Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Memorial Itosp: tal 7. Age (In yrs. last birthdey) Inion 5. Social Security Number 6 Sex Birthplece (State or Foreign Country) 1□ M 2XF Months Yrs. 78 214-01-2600 Aug. 14, 1918 Maryland Usual Residence of Decadant 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 3€No Maryland Anne Arundel Severn 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 714 Northwood Estates Drive 21144 United States 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 200 No If Yes, Give Year or Dates: 11 Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes X No Specify: Specify: 3 ☐ Widowed ♣☐Divorced White 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 10 Retail Distributor Factory Worker 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Peder Pedersen Kate (Blanks) Pedersen 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 714 Northwood Estates Drive Barbara L. Keffer Daughter 20b. Placa of Disposition (Name of cemetery, cremetory or other place) April 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☐ Burial ※☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Spacify) April Metro Crematory, Inc. 5,1997 Catonsville, MD. 4 Donetion 22. Name end Address of Fecility Ambrose Funeral Home of Lansdowne 2719 Hammonds Ferry Road Lansdowne, MD Approximate Intervel Between Constraint Property and Deeth 21. Signature of Funeral Service Licensee 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or haart failure. List only one cause on each line. onsat end Deeth Immediate Ceuse (Final 42145 disease or condition resulting in deeth) HYPERTENSION Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Diseesa or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Due to (or es e consequence of): Pert II. Other significant conditione contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 ☐ Yes 2 KNo 1 ☐ Yes 2 ☐ No

Physician /Medical **Examiner**

Physician

/Medical

Examiner

Director

Funeral

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Baltimore, Maryland

Pages 1 and 2 should be nent of Health and Mental

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buriel-transit Physician/Medical the USB BS 6 ģ pege 2 should Completed certificate Be P After this In by the funeral Certification: s efter deeth

The law requires that the death certificete be executed

Box 68760.

P.0.

Records,

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Division

Attanding Physician:

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deeth.

To the Hospital o within 24 hours of To the Funeral D

completely

TRANSIENT ISCHEMIC Armed

25. Wes casa rafarred to medical 1 Yes 2 No

27. Manner of Deeth 5 Pending Investigation 1 Naturel

2 Accident 3 ☐ Suicida 4 ☐ Homicide

6 Could not be determined

28e. Dete of Injury (Month, Dey Year) 28e. Placa of Injury - At home, farm, streat, factory, offica building, etc. (Specify)

28b. Time of

1 ☑ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA

28c. Injury et Work? 1 Yes 2 No

26. Piece of Death (Check only one)

Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifian (Check only one)

Medical

State Registrar 1 Certifying Physician: To the best of my knowledge, daeth occurred et the tima, data and plece, end dua to the causa(s) end mannar as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete end plece, and due to the cause(s) and menner stated. 29c. License number

29b. Signature and little of contiller

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29d. Dete signed (Month, Dey, Year)

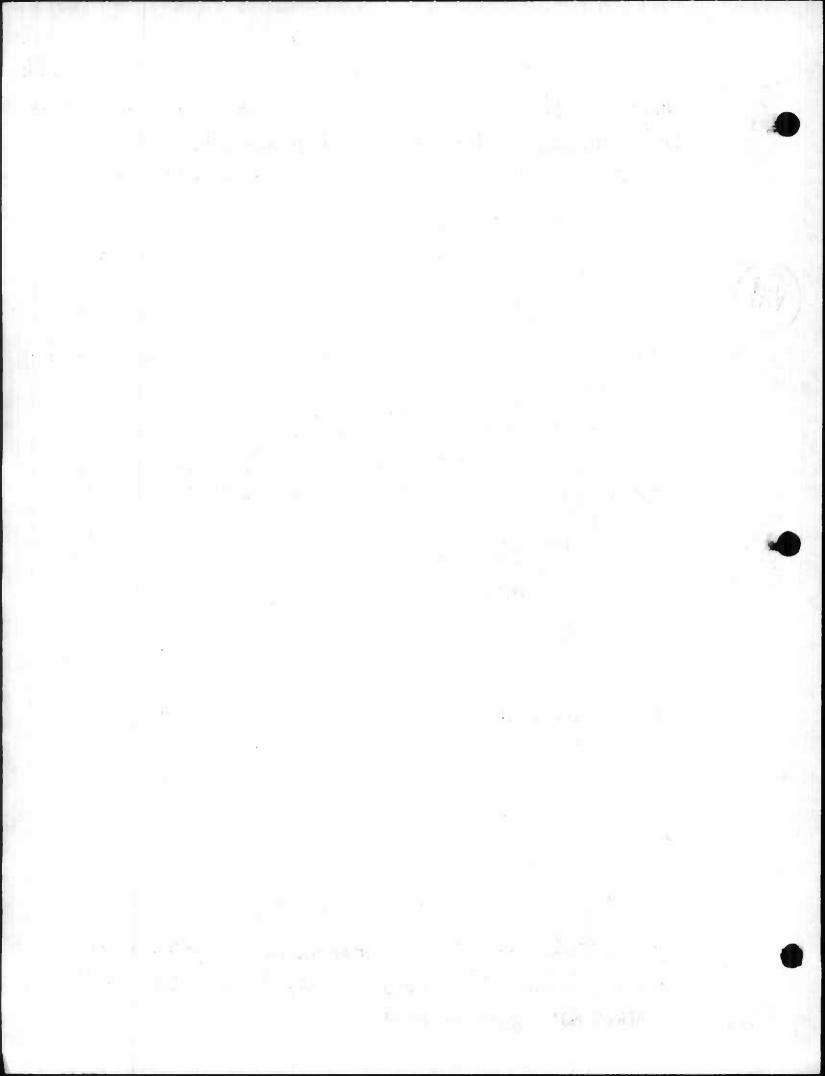
30. Name end address of person who complated cause of death (Itam 23e) (Type, Print)

ERIC WELLONS 31. Dete filed (Month, Dey, Yeer)

32, Registrer's Signeture

APR 07 1997

gula Davidson



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month leath 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 5. Social Security Number 6. Sex 9. Birthplace (State or Foreign New) York 7. Aga (In yrs. last birthday) If Undar 24 Hrs. If Under 1 Year 1□M 2XF Days 101-20-9253 70 Yrs. Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits BALTIMORE WOODLAWN 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 2509 SARRINGTON CIRCLE 21244 4.5 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 DNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1□Yes 2XNo Specify: Specify: BLK. 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) NOMESTIC HOME MAKER 12 -0-17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Smith KOBERTS LESLIE GENEVA 19a. informant's Name/Relationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) (DAUGHTER) WEBORAH WILSON 2509 SARRINGTON CIRCLE BACTIZ, MD. 21244 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 10/97 RIVERHEAD NEW YORK CALVERTON NAT. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility E.L. PHill. ps F/N 21. Signeture of Funeral Service Licensee 1721-27 N. MONROE ST. BALTIMORE, MD. 212,7 Decta 23a. Part1. Enter the disease, or complications that ceusad the death. Do not enter the mode of dylng, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last Due to (or as a consequence of): Dua to (or as a consaquance of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Unknown 3 Probably 1 Yes 2 No 24e. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death?

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

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Completed

Be

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examinat must be notified at

filed within 72 hours aftar Hygiena.

permit. Pagas 1 and 2 should be filed withir Department of Health and Mental Hygiena. Important: If Item 27 is marked other than any Injury or other traumatic avant

Baltimore, Maryland 21215-0020

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Examiner Physician/Medical þ Completed Be Medical Certification: To

Box 68760 Division of Vital Records. P.O. signed by t Pas Sar certificata Hospital or Attending Physician: funeral After

24 hours after death.

Funeral Director: A filled In by within 2 To the

State Registrar

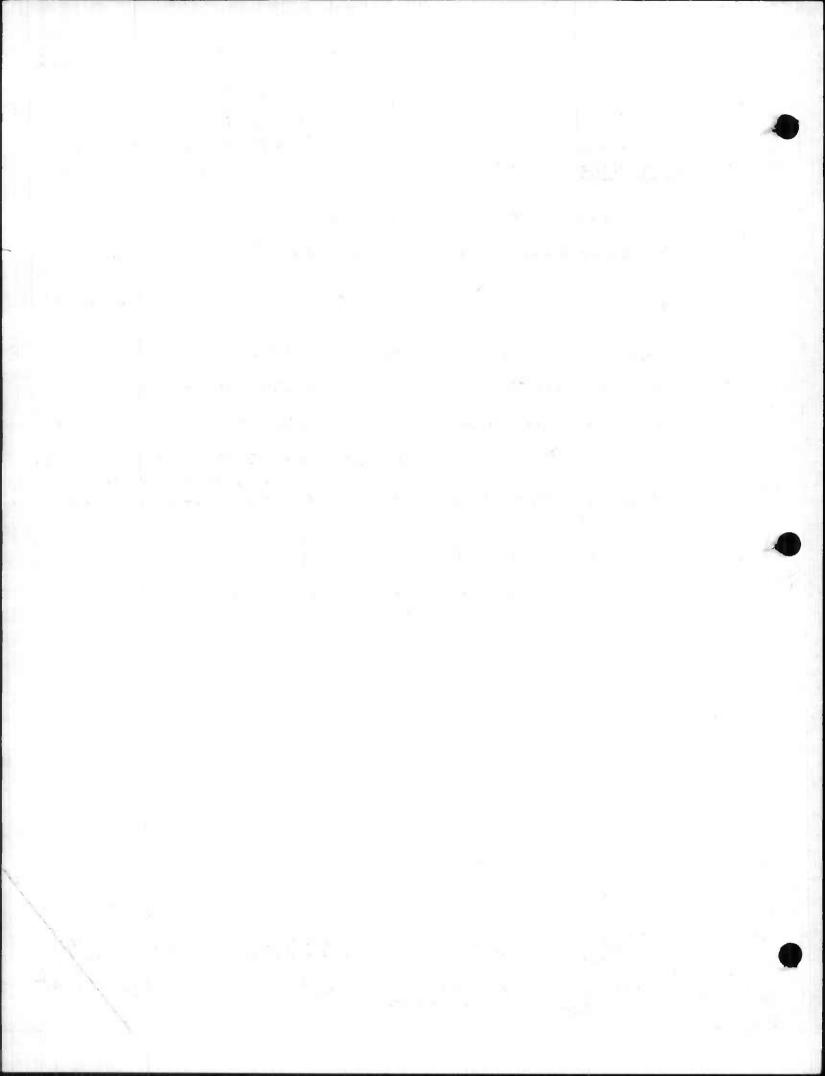
29b. Signature and title of certifier

31. Date filed (Month, Day, Year)

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25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Impatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Death 28b. Time of 28d. Dascribe how Injury occurred 1 Natural 2 Accident 5 Pending 1 Yes 2 No invastigation 6 Could not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) 4 - Homicide 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete and place, end due to the ceuse(s) and manner stated. 29a. Certifier (Check only one)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Randalistonn



State of Maryland / Department of Health and Mental Hygiene Q 7

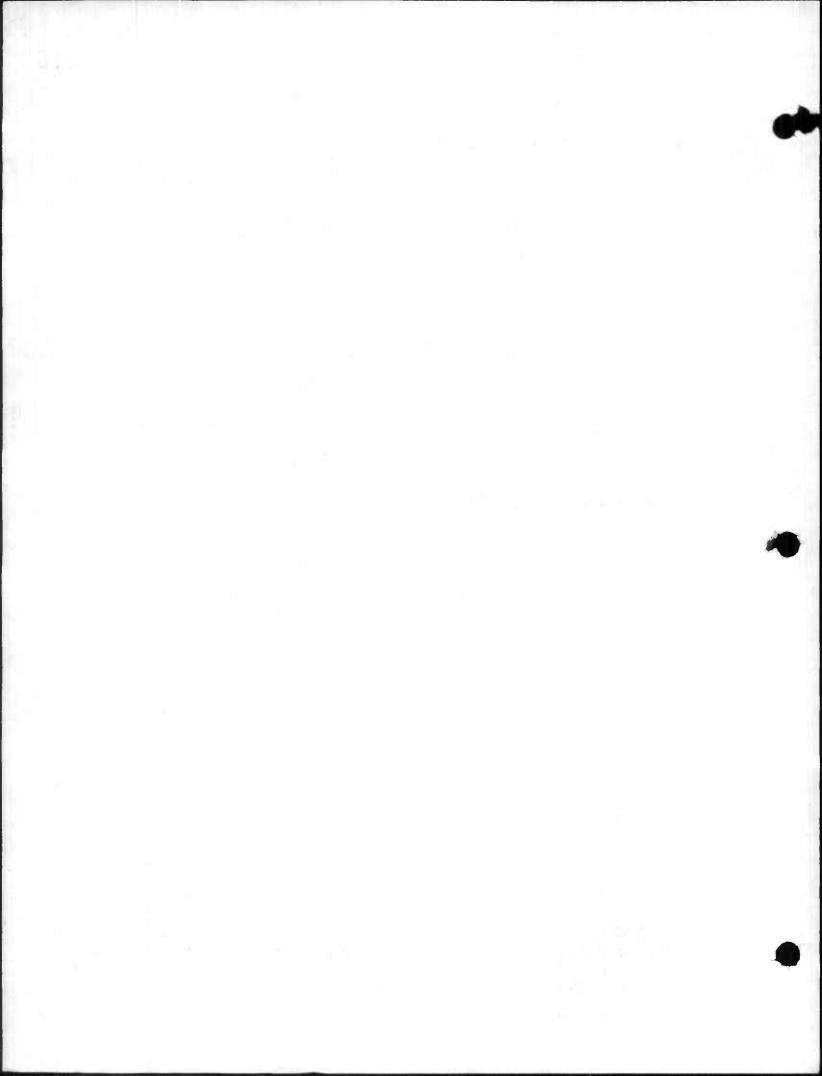
				Certifica	te of Death	Reg. No.	31 10410
- Service	214	1. Decedent's Name (First, Middle, Las	()			2. Date of Death Month, Day	3. Time of Death
Physici /Medi		Darry 1 John	V021			MARCH 31	1997 2215
Examir		4a. Facility Name (If not institution, give	street end number)		4b. City, Town, o	r Location of Death 4c. (County of Death
		Northwest Hosp	ITAL CENTE	1	LANDAZ	LSTOWN 1.	SALTIMORE COUNTY
Funeral Director		200-64-8100	7. Aga (In yrs. la	yrs. If Unda Months	r 1 Year If Under 24 H Days Hours Mi		9. Birthplace (State or Foreig Country) Hd
pur		Usual Residence of Decedent 10a. Stata 10b. County	100 City	, Town or Location			40.4 (4 0 1
anyla	5						10d. Inside City Limit
Ne M	Director	Md Baltin	nore Own				1 ☐ Yes 2 N
23a or 2		5 Pleasant R	idge Drive #	410 10f. Zij	21117		en of What Country?
72 hours after deeth with the Maryland natural, or items 23a or 28a-1 show deal Enaminer must be notified at	by Funeral	11. Marital Status 1 Never Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedent Evar In U,S Armed Forces? 1 ☐ Yas 2 D No if Yes, Give Yaar or Dates:	S. 13. Was Dace If Yes, spe	dant of Hispanic Origin? city Cuban, Maxican, Pue	erto Rican, etc.)	4. Raca - American Indian, Black, White, atc. Specify: Black
72 hours	ted	15. Decedent's Edu	ucetion	16a. Decedent's Usu	al Occupation	16b. Kin	d of Business/Industry
C	Completed	(Specify only highest grad Elementary/Secondery (0-12)	College (1-4or 5+)	life. DO NOT u	ork done during most of wase retired)		
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be filed hal Hygie of other event,	Be	17. Father's Name (First, Middle, Last)			18. Mother's N	ame (First, Middle, Maiden S	(umeme)
should b and Ments marked umatic e	To	Daniel Johns	ion		Annie	R. Moh	orn
d 2 should th end Mer 7 is marke traumetic		19a. Informant's Name/Relationship (T	ype, Print)	19b. Mailing Addres	s (Street end Number or I	Rurel Route Number, City or	Town, Stete, Zip Code) 2 113
end 2 selth or tra		Daniel Johnson	m- Father	3903 No	oves Circl	e Apt 203 K	andallstown, MI
E E E		20a. Method of Disposition	20b. Pla	ace of Disposition (Nemetery, cremetory or	me of		ation - City or Town, Stata
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ortar Inju		21. Signature of Funerel Service Licens	7,111		nd Address of Facility	, o il han	ualistann, I'll
Depe Impo		JOI.	040-0	March	F. H. WEST		
	6	Marions	Shikes		1300 Waba	26h Avenue	Ba HU Med 21215
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/Medical xaminer		Immediate Cause (Final disease or condition resulting in death)	a TNEUMONIA	4			11 clays
	-	resolding in dealtry	Due to (or	as a consequence of)			
3 · ÷	Examiner		b. Acquired	4mmUNE	Deticionen	SYNDRUME	
and -tran	кап	Sequentially list conditions, if any, leeding to immadiate	Due to (or	as a consequence of):			
centificate be assected ding physician and ise es tha bunal-transit		cause. Enter Underlying Ceuse (Disease or injury					
icate be asscuted physician and s tha bunal-transit	lca	that initiated events resulting in death) Last	Due to (or	as a consequence of):			
E 0 0	Medical						
	an		d				
- W	sici	Part II. Other algnificant conditions con	ntributing to death but not resul	Iting in the underlying of	ause given in Part I.	23b. Did tobacco u	se contribute to the cause of death
ed by th detache	Physician/	Per coins				1 Yes 2	No 3 Probably 4 Unknow
	by	KENAL FAILURE					
been sign should be						24a. Was an eutops	sy 24b. Were eutopsy findings available prior to
TO O	Completed					performed?	completion of cause of deeth?
D _ C	Ĕ						
certificeta		OF Was seen referred to me direct				1 ☐ Yes 2	No 1 Yes 2 No
certi) Be	25. Was cese referred to medical examiner?	Hospital: \		Othor	eath (Check only one)	
this certific	10	1 Yes 2 No	The Inpatient 2LE		JA 4 Inursing	Home 5 ☐ Residence 6	
ta fa	ertification:	1 Natural 5 Pending invastigation	(Month, Dey Yeer)	Injury M	28c. Injury at Work? 1 ☐ Yes 2 ☐ No	28d. Describe how injury	occurred
death. ctor: A	flea	3 ☐ Suicide 6 ☐ Could not be	28e. Place of Injury - At hor	ne, farm, street, fector	v. office	28f. Location (Street end	Number or Rurel Route Number.
after Direct	ert	4 Homicide	building, etc. (Specify)		,,	City or Town, Stete)	
ours fille	2	29a, Certifier 1 Certifying Phys	alclan: To the best of my know	ledge death occurred	at the time, date and place	e and due to the course(s) o	and manner as stated
Fun Fun etaly	edical	(Check only 2 Medicet Exami	ner: On the basis of exemination and manner stated.	on and/or Investigation	, in my opinion, death occ	curred at the tima, date and p	place, and due to the cause(s)
within 24 hours a To the Funeral D completaly filled	M	29h. Signeture-and title of certifier	and mainler stated.	29	c. License number	29d Date	signed (Month, Dey, Year)
- 3 F 8		TROVE				- //	
1		Dry any			14546+	Sterine me	101/1771
20		30. Name and address of person who or	ompleted ceuse of death (Item :	23a) (Type, Print)	, 01.	0	212112
1/2		DRIAN CAM	24 401	DRETTO.	J FIACE /	SHUTIMU , MI	2 6/6/8
Sta	te	31. Date filed (Month, Day, Year)	32 Registra Signatu				

DHMH 16 Rev 6/95

State

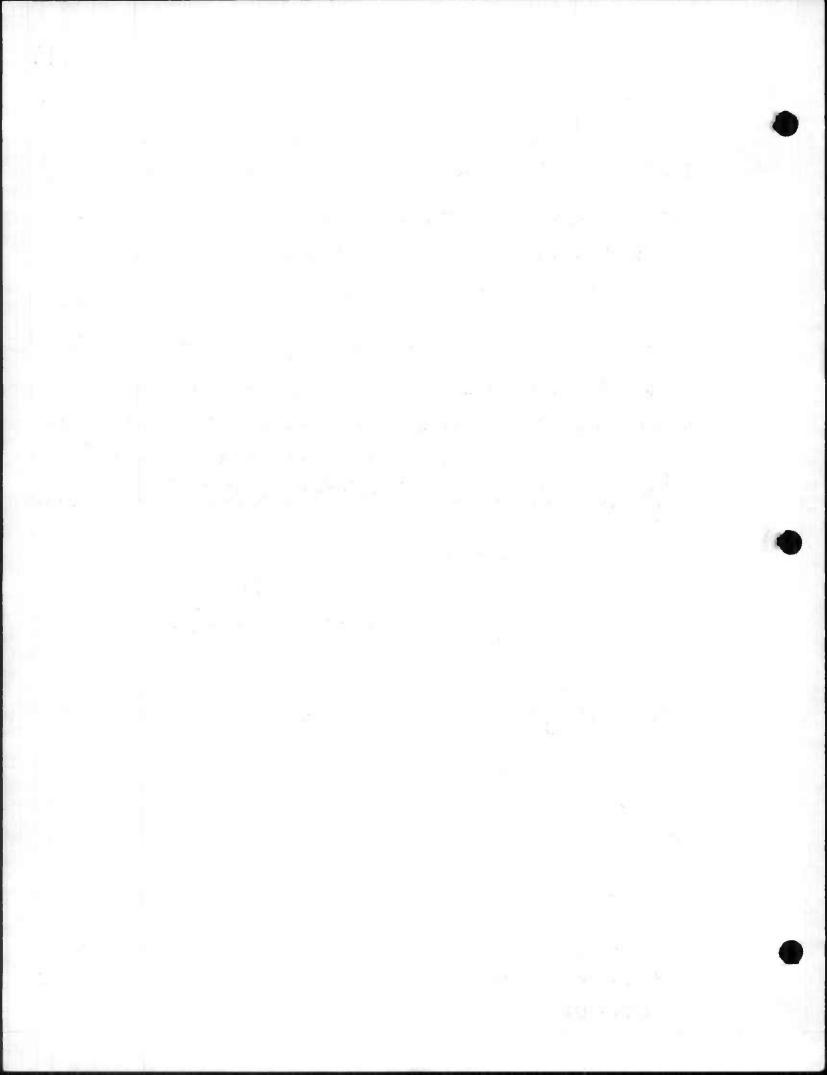
Registrar

APRO7 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene.

			State of Maryland / Department of Health and M Certificate of Death	1ental Hygien Reg. N	21	10417
	Ob.,		Decedant's Nama (First, Middla, Last)	2. Date of Death		3. Time of Death
	Physici /Medi		LEE V. JOHNSON JR.		63 97	0850
>	Examir		4a. Facility Nema (If not institution, give streat and number) Box SECOURS HOSPITM RAT 7		c. County of Death	
L	-		Вист		NA	
ı	Funeral Director		5. Social Sacurity Number 6. Sex 1	8. Data of Birth (Month, Dey, Yaa	9. Birthpi Coun	place (Steta or Foraign
	and *		Usual Rasidance of Dacedant 10e. Stata 10b. County 10c. City, Town or Location			Od Inside Obstante
	daryis	ō	0 11		1	0d. Inside City Limits 1 Yas 2 □ No
	the rest	Director	10e. Street and Number, 10f. Zip Coda	10a. C	Citizen of What Coun	
	h with				USA	
	erre deat	Funeral	11. Marital Status 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Spartness Specify Cuban, Maxican, Puerto	acify Yas or No-	14. Raca - Amarlo Black, White,	
21215-0020	772 hours after death with the Maryland "naturel", or frems 23s or 28s-f show polical Exacitine finant be notified at	by	If Yas, Giva 1 ☐ Yas 2 ☑ No Specify: Yaar or Datas:	nican, atc.)	Specify: B	ack
5-0	d within 72 ho liena. r than "natur the Medical	Completed	15. Decedant's Education (Spacify only highast grada completed) [Spacify only highast grada completed] [Siva kind of work done during most of working life. DO NOT use retired)	ing 16b.	Kind of Business/Ind	Justry
12	withir sna. then	idmo	Elementery/Secondary (0-12) College (1-4or 5+)		euckin	Co
	it it	Be Co		e (First, Middla, Malda		3-0.
/lan	of the board	To B	Samuel Walker Elouis	e John	502	
Maryland	2 should end Men ie marke aumatic		19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rure			Code)
	ss 1 and 2 should of Health end Men Item 27 is marks other traumatic		Clouise J. Walker-Man 2156 Hollins St	r. Palte	s.md.	21221
altimore,	Pages nent of H int: If Ite		20e. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place)	11 1	Location - City or To	0
i i	보투론증.		4 Donation 5 Other (Spacify) 21. Signature of Funaral Service Licensee 22. Nama and Address of Facility	1/9/91 B	2170 11	\d\.
Ba	Depa Impol eny Is		March dusera	1. Honey	15000	0 21215
П	_		23e. Pe 1. Enter the pisease, or complications that causad the death. Do not anter the mode of dying, such as cardiac or shock, or heart the rra. List only ona ceuse on each line.	or respiratory arrest,	alto m	Approximata Intervel Betwaan
q	Physician		situal, to real task ra. List only one ceuse on each line.			Intervel Betwaan Onsat end Death
	/Medical Examiner		Immediate Ceusa (Final disaese or condition rasulting in death) a. Empyema			
		P.	Dua to (or as a consaquance of):	r ,		
	uted	Examiner	Sequentially list conditions, Durto (or as a consequence of):	allure		
o,	an en inial-tr		Sequantially list conditions, if any, laading to immadiate cause. Enter Underlying Causa (Disaase or Injury	tion)		
68760	icete be axecuted physician end s the burial-trensit	edical	Causa (Disaase or Injury that initiated evants rasulting in death) Last Due to (or es e consequence of):	1 (an)	,	
_	E 0 6					
Вох	as that tha death certifigned by the attending be detached for use a	Physician/M				
P.O.	tha d yy the ached	hysi	Part II. Other algnificant conditions contributing to death but not rasulting in the underlying cause given in Part I.			the causa of death?
	s that gned b	by P	End Stage Renal Disease	1 1 708	2□ No 3□ Prob	Dably 42 Unknown
of Vital Records,	been s	Completed		24e. Wes en autopertormed?	ava	ere autopsy findings ailabla prior to mpletion of cause daeth?
R	0 5 0	com		1 ☐ Yas		Yes 2□ No
/ita	certificata	Be	25. Was casa raferred to medical axaminar? 28. Placa of Daath	(Chack only ona)		
of \	Physician: this certific ral director,	2	1 ☐ Yes 22 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA Other: 4 ☐ Nursing Hor	me 5 - Residance)
	ing P	ion	Natural 5 Panding (Month, Day Year) Injury Work?	28d. Dascribe how Inji	ury occurred	
Division	Attending ir death. ector: After by the fune	ficat	3 Suicida 6 Could not be	28f. Location (Straat a	and Number or Rure	i Routa Number
5	s effar I Dire	Certification:	4 Homicida determined determined building, atc. (Specify)	City or Town, Sta		
	To the Hospital or Attending I within 24 hours efter death. To the Funeral Director: After completely filled in by the funer	edicai (29a. Certifiar (Check only one) Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, a construction one) Check only one) Medical Examiner: On the basis of exemination and/or invastigetion, in my opinion, deeth occurred and manner stated.	and dua to tha causa(ed at tha time, date ar	s) and mennar es stand place, end dua to	etad. tha causa(s)
	within Fo the	Me	29b. Signetura and titla of certifiar 29c. Licansa number	29d. D	ata signed (Month, L	Dey, Yaer)
	N		Radelyte en Ruma D42683		04/03/	97
	\bigcap_{n}		30. Nama and address of person who completed ceusa of daath (Itam 23a) (Type, Print)	1		1.54
		40	RADCL SFE M. THOMAS MD. 4000 KI A 31. Data (Month, Day, Yaar) 2. Ragistrar's Signature	JORTHERN	MA SI	ALICAGRE
	Sta Registr		31. Data filad (Month, Day, Yaar) APR 0 7 1997		- G-12	-13



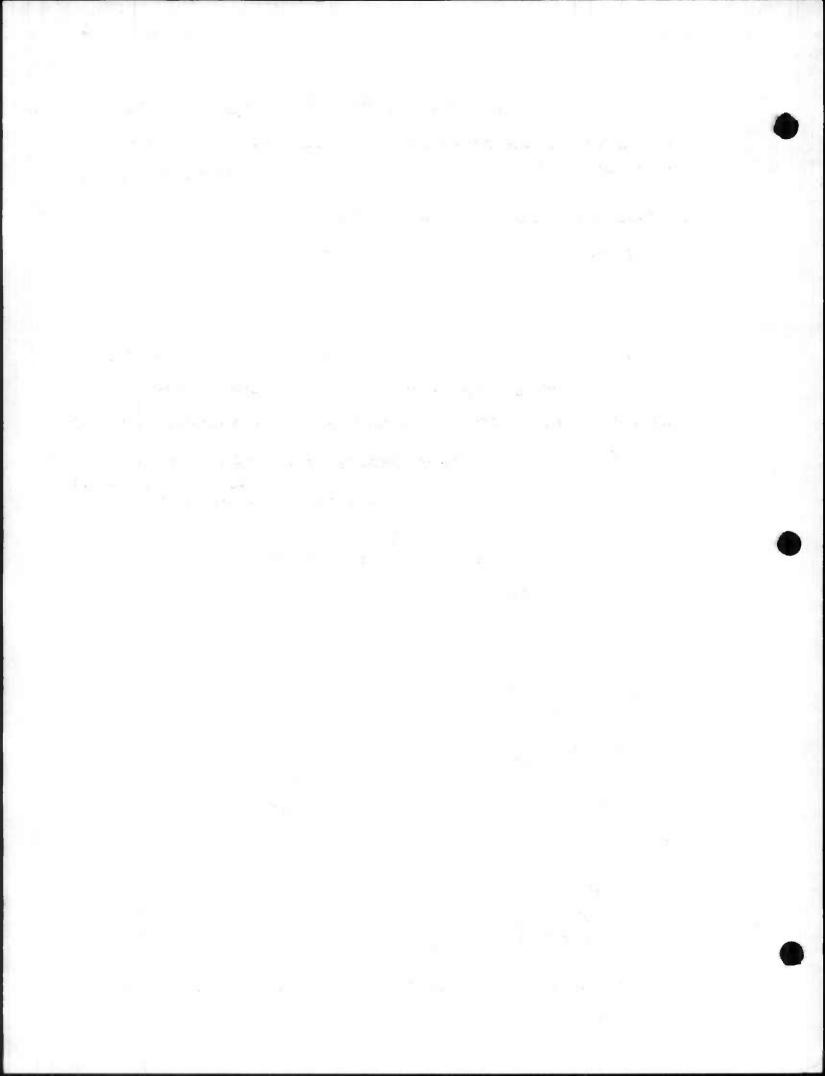
Division	•	Decedent's Nama (First, Middla, La	st)		Certificat	e of	Death		2. Data of Dea Month	th	Yaar	3. Tima of Death
Physici /Medi			Jens	Thomas	Jensen				April	1	1997	9:40 P.M
Examir		4a. Facility Nama (If not institution, give	a street and number)				4b. City, To	own, or L	ocation of Death	4c. Cour	ty of Death	
		North Arundel Co			1 14 11	4.14	Glen				Arun	
Funeral Director		5. Social Sacurity Number 217 40 8528 Usual Rasidance of Decedant	Sax 7. Age	(In yrs. last bi	Yrs. If Under Months	Days	If Undar Hours	Min.	8. Data of Birth (Month, Day July 25	Year) , 192]	9. Birthi Coul Den	olace (Stata or Foraign htry) mark
p		10a. Stata 10b. County		10c. City, Tow	n or Location						-	Od. Insida City Limits
vith the Marylan or 28a-f show be notified at	Director	Maryland Anne Ar	undel	Glen	Burnie							1 ☐ Yas 2 🛣 No
death with the Maryland ms 23a or 28a-f show must be notified at	al Dire	10e. Street and Number 7 Joyce Lane			10f. Zip	2106	51			l0g. Citizan o	f What Coul	ntry?
C, or Home camber m	by Funeral	11. Marital Status 1 □ Nevar Married 2 ☑ Married 3 □ Widowad 4 □ Divorced	12. Was Dacedant E Armed Forcas? 1 ☐ Yas 2 ☑ N If Yas, Giva Yaar or Datas:		13. Was Deced		dispanic Ori an, Maxicar Specify:		ecify Yas or No- Rican, atc.)	14. R B	ace - Amaridack, Whita,	
13/15		15. Dacedant's E	ducation	16a	. Decedant's Usua	al Occup	ation			16b. Kind of	Businass/In	dustry
1	Completed	(Spacify only highast gra Elamantary/Secondary (0-12)	Collega (1-4or 5	+)	Decedant's Usua (Giva kind of wo lifa, DO NOT us	rk dona sa retire	during mos d)	it of work	ing			
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and sand sand sand sand	-	19a. Informant's Name/Ralationship (Type, Print)	198	. Mailing Addrass	(Street	and Numb	er or Rur	al Routa Numbe	r, City or Tou	m, Stata, Zip	Coda)
and m 27 wer tr		Audrey D. Jensei	n / wife	1	Joyce L			G:	len Burr	nie, Ma	rylan	d 21061
Pages 1 nent of H nt: If ther ry or oth		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spacit		cemata	f Disposition (Narry, cramatory or o	thar pla	_		Data 4/2/97	20c. Location		own, Stata Maryland
permit. Pa Departmen Important: any injury socs.		21. Signalure of Funeral Service Licer		mecro	22. Nama an	d Addra	ss of Facili	ty	Gonce F	unera1	Home	P.A.
		23a. Part1. Entar tha disaasa, or com shock, or haart failura. List only	plications that caused	tha death. Do					_		PICI -	Approximata Intarval Batween
Physician /Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in death)	Corel	ial	there	ut	ese	2		ce ?	4	Onsat and Daath
	iner	rasulting in odatily	selle	Oue to (or as a	consequence of):	20	si,	2				
be executed sician and buriel-trensit	Examine	Sequentially list conditions, if any, leading to immediate		Due to (or as a	consequence of):							
be ey	ᄪ	Cause (Disease or injury	e									
certificate iding phys	ledio	that initiated events resulting in death) Last		ue to (or as a	consequence of):							
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e death he etter	/aici	Part II. Other dignificant conditions of	ontribution to death bu	not resulting i	the underlying o	ause giv	ven in Part I	U.	23b. Did to	obacco use o	ontribute t	the cause of death?
that the led by the deteche	P.	Disbel	es Ru	elil	is				104	66 2□ No	3 □ Pro	bably 4 Unknown
requires that the death certificete been signed by the ettending phys should be deteched for use as the	eted by	Ay lerle	usenie 1	Dea	21 8	18	eas	e	24a. Was a perfor	in autopsy med?	BV	ere autopsy findings allable prior to mpletion of cause
he lav e has age 2	Completed	Herepher	af fret	Errea	PDe.	çe.	esl		107	es 2000	of	death?
lan: T	Bec	25. Was case referred to medical examiner?	,				26. Piace	of Deat	h (Check only or	10)	1	STATIC SELECTIONS
Physician: this certific ral director,	2	1 Yes 2 15 No	Hospital: 1 ☐ Inpatier	t 2 ER/O	March Services	Co. Service	482790	arsing Ho	me 5 🗆 Resid	ence 6 🗆 O	ther (Specil	V)
ing P	io i	27. Manne of Death 1 Natural 5 ☐ Pending	28a. Date of Injury (Month, Day			Bc. Injur Wor		200	28d. Describe h	aw injury occ	urred	
Hospital or Attending Physician: Define the death. The former of the conflict Many filled in by the funeral director,	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined		ry - At home, fa (Specify)	m, street, factory		Yes 2□	7	28f. Location (S City or Tow	treet and Nur n, State)	nber or Aus	Il Route Number,
To the Hospital within 24 hours e To the Funeral C	O								and dua to tha c			

State Registrar

31. Data filad (Month, Day, Year) APR 0 7 1997

30. Nama and actress of person who completed causa of death (Itam 23a) (Typa, Print)

Dr. Subong 206 Crain Highway Glen Burnie, Maryland 21061 32. Ragistrar's Signatura



TO BE COMPLETED BY FUNERAL DIRECTOR

permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

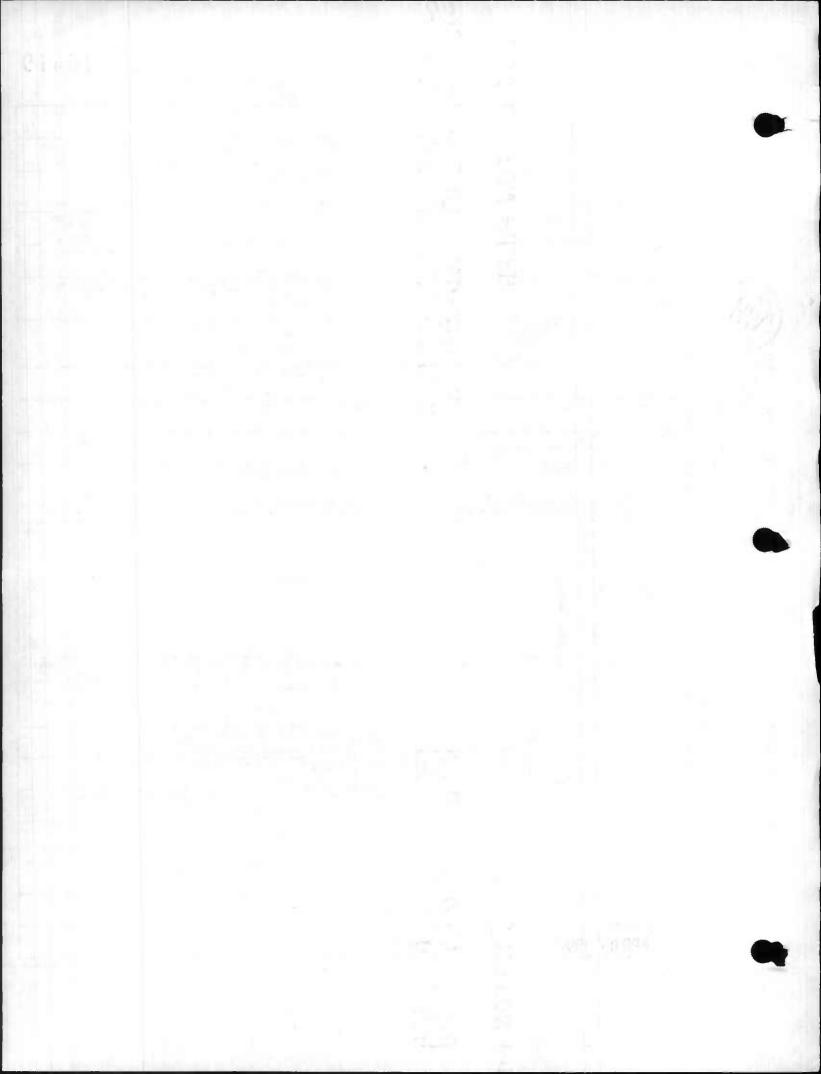
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	_				_	2. DATE OF MONTH	DEATH	٧	YEAR	3. TIME OF DEATH
CATHERIN		JOYCE				APR	16 3	3 /	997	10:301
		AGE (In yrs. last bin	thday) IF UND	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
216-36-8312	1 M 2 F	82	YRS.	DAYS	HOURS MIN.	SEPT:	2719	714	MA	RVIAND
9a. FACILITY NAME (If not institution, give street	et and number)	0	9b. CI	TY, TOWN C	R LOCATION OF E	EATH		9c. COU	NTY OF D	
HORIZON Special	N CUT.	- CANTOI	NT	BALT	rimoge)		-	N	A
RESIDENCE OF DECEDENT										
10e. STATE 10b. COUNTY	-71	10	Oc. CITY, TOWN							10d. INSIDE CITY LIMITS?
M. NI	A		DALT	IMO	Re.					1 TYES 2 NO
10e. STREET AND NUMBER				101	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
1300 S. ELLI	WOOD AN	iE.			21224	+		()	I.S.	A
	12. WAS DECEDENT EV		1		ENDENT OF HISPA			or No-	14. RACI	E — American Indian, k, White, atc.
1 Never Married 2 Married	IF YES, GIVE WAR				2 NO Spec		en, atc.)		Spec	
3 Widowed 4 Divorced									V	STIHC
15. DECEDENT'S EDUCAT (Specify only highest grade co	TION (mpleted)	16a. DECED	DENT'S USUAL	OCCUPATIO	N st of working	16b. Ki	ND OF BUS	INESS/IND	DUSTRY	
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945	NIA	H	omer	MAKE	R		Hom	12		
17. FATHER'S NAME (First, Middle, Last)				-	18. MOTHER'S N	AME (First, Mid	dle, Maiden	Surname)		The same
ADAM WOLF	=				EVA	Mi	MI	NA		
19a. INFORMANT'S NAME (Type/Print)		19b, M	AILING ADDRE	SS (Street a	nd Number or Rura	Route Number,	City or Town	n, State, Zic	Code)	
Mosalean M. Oo	2115	2	3 ~~ `	Hai	Voke 1	PR R	A1	M	,	11737
20a. METHOD OF DISPOSITION	(01.5	20b. PLACE AND	DATEOFRICE	OSITION IN	-	DATE	300 10	CATION -	City or Tr	wen State
1 Surial 2 Cremation 3 Remove	al from State	comatery_cremate	ory or other place	N-	0	1111	12	LATION -	City or it	A C
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	uesé)	PARDE		FA IT	100	1719	17	40-10	7,7	0/17
21. SIGNATURE OF POWERAE SERVICE EIGEN	V-0//			11AQ-	D ADDRESS OF	ILLER	ELUN	JERO	1-7	tome
Enud.	XOWK.			75	DT HO	REOF	30 B	7	AL	:16 aM B
23. PART / Enter the diseases, or col	mplications that ca	aused the death	. Do not ent	er the mo	de of dying, su	ch as cardia	c or reapl	ratory an	reat,	Approximate
shock, or heart fellure. Lie	at only one cause	on each line.			3,313,52					Interval Betw Onset and D
IMMEDIATE CAUSE (Final disease or condition	0	A 1 C 4								3 WEEK
reaulting in death)		NEUMO,								Jack
				Dic	EASE					0 4-4
Sequentially list conditions, b.		LZHEIMI	- 1	216	CASE					8 YEAR
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUE	NCE OF):							
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cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona	contributing to dec			underlyin	g cause given in		4a. WAS AN PERFOR	MED?	246	AVAILABLE PRIOR TO
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CAUSE (Disease or Injury Later Interest of the CAUSE (Disease or Injury Later Interest of the CAUSE (Disease or Injury Later Interest of L	contributing to dec			underlyin	g cause given in		PERFOR	MED?	246	AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the four's after death. Page 6 may be instanted by the attending physician and completely filled in by the funeral director, page 5 should be detached by filled in the Site of the following the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

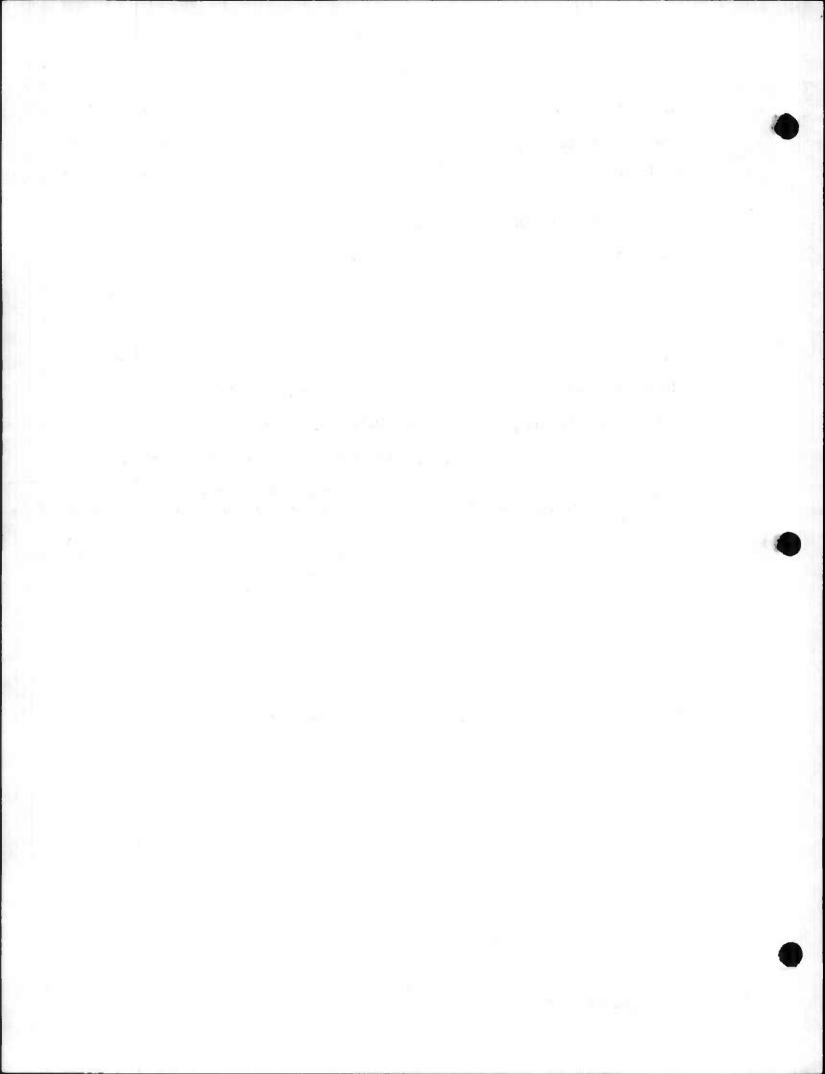


State of Maryland / Department of Health and Mental Hygiene

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Department of Health and Mental Hygiene. Important: if item 27 Is marked other than "natural", or items 23s or 28s-f show say injury or other traumatic event, the Med cal Examinat must be notified at once.	T ₀	George Willia										Richard				
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certificate has been signed by the attending physicien and indication, page 2 should be detected for use as the buriel-trensit a of	edical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Part II. Other eignificant cond PNEUMONI Part III. Other eignificant cond examiner? 1 Yes 2 No 25. Was case reterred to mediexaminer? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pen inve and Suicide 6 Coudett Gete Coudett	ding stigation Id not be a mined stigation at Exemined	b. A. c	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	A D Y O (or as a of or or or or or or or or or or or or or	not ente	7601 In the mode of the mode o	Sand le of dying Balance Bal	en in Pert	cardiac of Cardiac of	Road, or respiratory 23b. Dic 23b. Dic 24a. Wa per 1 Check only me 5 Res 28d. Describe 28t. Location City or To	Laurarrest, d tobacco yes 2 yes 2 yes 2 yes 3 (Street ar. yes, state e ceuse(s, a, date and	o usa cor la No psy 6 Other ry occurred Numbors) end mad d place, a	24b. We so of 1 [] and due to a sign of the control of the contro	— 2_Hou — 1 Hou — 1 Hou — 2 Hou — 2 Hou — 2 Hou — 2 Hou — 2 Hou — 2 Hou — 2 Hou — 3 Hou — 3 Hou — 3 Hou — 3 Hou — 3 Hou — 3 Hou — 3 Hou — 3 Hou — 3 Hou — 3 Hou — 3 Hou — 4 Hou — 4 Hou — 5 Hou — 6 Hou — 7 Hou — 7 Hou — 7 Hou — 7 Hou — 8 Hou — 8 Hou — 9 Hou —

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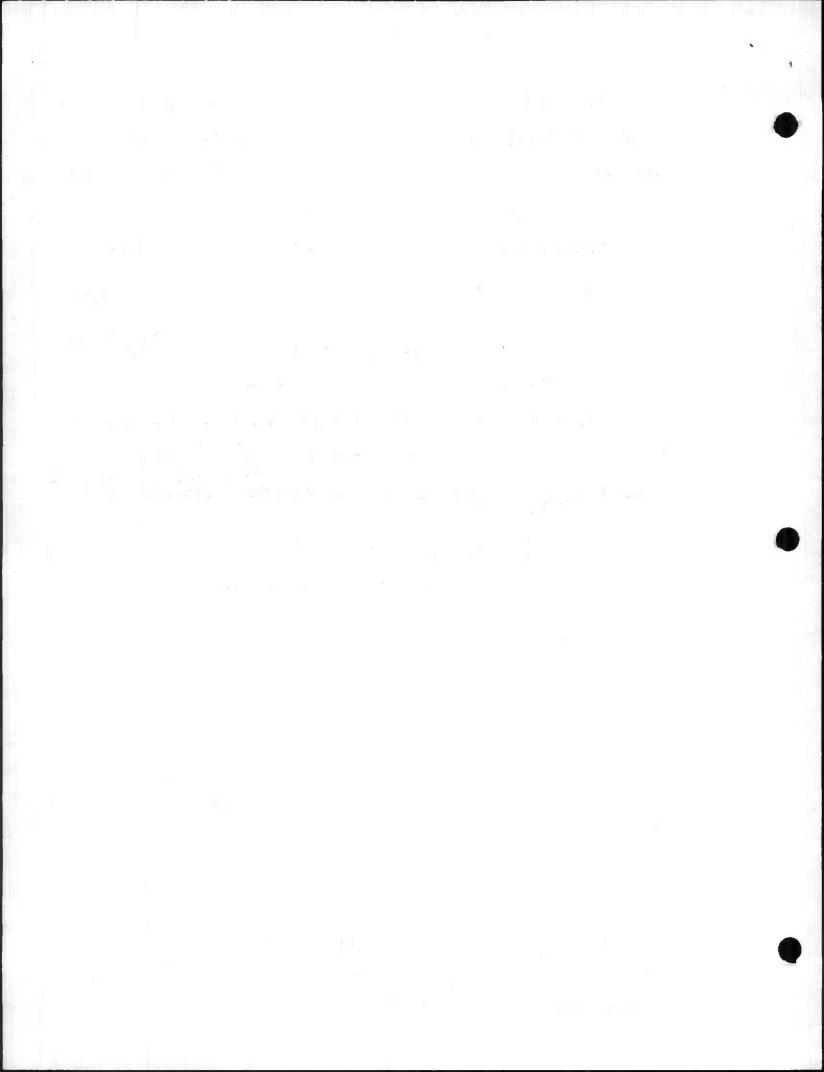
State of Maryland / Department of Health and Mental Hygiene

Cortificate of Death

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	Physic /Medi		Decedent's Nen	DR .	AKLILU	LEM	I MA						2. Dete of D	eeth L 5,1997	7 Yeer	3. Time of Death 3:30 A
	Exami		4a. Fecility Neme (, give street and no RD HILL					4			SVILLE		y of Deeth	
	Funeral Director		5. Sociel Security I	9047	6. Sex 1 M M 2 ☐ F	7. Age (In	yrs. last birti 60 \	A.A.	Under 1 Y	eer eys	If Under Hours	24 Hrs. Min.	8. Date of B (Month, D 09/1	irth ey, <i>Year)</i> 8/1936	9. Birth Cou A	plece <i>(State or Foreigr</i> ntry) FRICA
	the Marylend 7 28a-f show	tor	Usuel Residence of 10a. Stete MD	10b. County	BALTIMO		. City, Town	or Location		AT(ONSVI	LLE				10d. Inside City Limits
	th with the 23s or 28s ust be noti	Funeral Director	10e. Street end Nu 1007		D HILL R	OAD		1	Of. Zip Cor	de	2122	.8		10g. Citizen of	Whet Cou	
020	ours efter des eft, or itema Examiner m	by Funer	11. Maritel Status 1 Never Man 3 Widowed	ried 217 Marri 4 Divorced	12. Wes Dec Armed F 1 Tes If Yes, G Yeer or I	orces? 2 TNO ive XX	in U,S.		Decedent s, specify (Yes 2 17		spenic Ori n, Mexice Specify:	igin? (Sp n, Puerto	ecify Yes or N Rican, etc.)		ck, White,	cen Indien, etc. IOPIAN
21215-0020	ne ne	Completed by	(Spe Elementary/Sec		t grade completed,	(1-4or 5+)			s Usuai Od of work do NOT use re				ing			PKINS
Maryland	should be filed withle and Mentel Hygiene. marked other than umatic event, the M	To Be C		KELE	WOLDEYEI	S						AYEL		e, Meiden Suma EMMA		
	1 and 2 Health end 27 is		19e. Informent's N TEDR 20e. Method of Dis	OS A. L		ON)		80	L6TH	STI				WASH.,	D.C.	20009
Baltimore,	t. Pertant:		1 X Surial 2	Cremation 5 Other (Sp			cemerery	OSEF	CEME	TE	RY		PRIL 1	ETHI	OPIA	
Ba	Depermination of the second of		> Yol	et 1	you	Buch	-	1630	D EDM	ON	DSON	AVEN	UE, CA	FUNERAL TONSVIL		D 21228
	Physician /Medicai Examiner		23a. Part1. Enter shock, or head limmediate Ceuse disease or condition resulting in death)	(Final	complice the thet only one duse on	PIRA		_	e mode of	Oying	g, such es	cerdiec	or respiretory	errest,		Approximete Intervel Between Onset end Deeth
L	ped sit	Examiner			b. HEP	ATOC	to (or es e c			(ARC	1100	MA			3 years
68760,	certificate be executed nding physician end use as the buriel-transit		Sequentially list or if eny, leeding to liceuse. Enter Undo Ceuse (Diseese or thet initiated event	enditions, mmediete erlying injury	c		to (or es e c									
ŏ		an/Medical	resulting in deeth)	Lest	d	0001	0 (01 23 0 01								1	
, P.O. B	requires that the deeth een signed by the etter hould be deteched for t	by Physicia	Pert II. Other signi		ns contributing to d	leeth but not	resulting In	the under	lying ceus	e give	en in Pert			Yes 2 No		o the cause of death?
Records,		Completed b									_		24a. We	s en eutopsy formed?	CC	Vere autopsy findings veileble prior to completion of cause death?
	The ate h	Be Con	25. Was case refe	rred to medical			4				26. Plece	of Deet	1 C	Yes 2 No	1	Yes 2 No
t <	Physician: this certific	To	exeminer?	No	Hospitel: 1 🗆	Inpatient	2 ER/Out	petient 3	DOA	Othe	er: 4□ Nu	ursing Ho	me & Res	sidence 6 Ot	her (Speci	fy)
Division of Vital	ng Ph fter th unerei	Certification:	27. Manner of Deel 1. Naturei 2 Accident 3 Suicide	of Deeth 28e. Dete of Injury 28b. Time of 28c. Injury et 28d. Describe how Injury occurred 2												
Divi	stal or Attendius after death. urs after death. ral Director: A		4 Homicide	determi	ned 286. Place build	e of Injury - / ling, etc. (Sp							City or To	own, Stete)		el Route Number,
	To the Hospital within 24 hours a To the Funeral C completely filled	Medicai	29a. Certifier (Check only one)	2	Phyelcian: To the end man	e best of my pasis of exan iner stated.	knowledge, ninetion end	death occi /or investi	gation, In r	ny op	oinlon, dea	d piece, th occurr	end due to the	, date end place	, end due i	to the ceuse(s)
	0 1 ₹ 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 €	2	29b. Signature end	title of certifier	/ N	40			29c. Lic		1723	17		29d. Dete sign	77	
,	30. Name end eddress of person who completed ceu					se of deeth ((Item 23e) (T	Type, Print	DIV.	1515	U U	RT110	SOLCS	2041 G WASHIN	50RLI LTON	1 AUF NW DC 2000
	Sta Regista		31. Dete filed (Mon		7 grade	Devide	Son - Par	della								



State of Maryland / Department of Health and Mental Hygiene 97

ne 97 10422

				C	ertificate o	f Death	F	Reg. No.	,	0 7 6 6
Paul I		1. Decedent's Neme (First, Middle, La	ist)				2. Dete of Dea	ith		3. Time = Die th
Physic /Medi		Myrtle	Joh	nson]	Lapetina	April	2 19	997	5:47 AM
Exami		4a. Facility Neme (If not institution, given	re street end number)			4b. City, Town, or I	ocation of Death	4c. County	of Death	
		Johns Hopki	ns Bavvie	eW.		Baltim	ore		NA	
Funerai	Г	5. Sociel Security Number 6. S	Sex 7. Age ('In yrs. lest birthda	Months Day	er If Under 24 Hrs.		h Yearl		ace (State or Foreign
Director		212-22-6401	1□ M 2□ F	8.5 Yrs.	Month's Day	A HOURS MILL.	April	25 11		land
P .		Usuei Residence of Decedent		0. Ot. T	1					
aryta show dat	-	10e. State 10b. County	'	0c. City, Town or	Location				10	Od. Inside City Limits
N P P P P P P P P P P P P P P P P P P P	cto	Maryland NA		Balti						1 Yes 2 No
	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of V	Whet Count	ry?
418	rai	1118 Steelton			212				S.A.	
INT.	Funeral	11. Marital Status	12. Was Decedent Eve Armed Forces?	er In U,S. 1	Was Decedent of It Yes, specify Cu	f Hispanic Origin? (Suben, Mexicen, Puert	pecify Yes or No- o Ricen, etc.)	14. Rac Blac	e - America ck, White, e	
8 8	by F	1 Never Merried 2 Married	1 ☐ Yes 2 ☐ No If Yes, Give		1 ☐ Yes 2 ☑ N	o Specify:		Specify	<i>t</i> :	
8		3√ Widowed 4 Divorced	Year or Detes:						Whit	
15- 27 - 28- 20-	Completed	15. Decedent's E (Specify only highest gra	ducation ade completed)	16a. De	pedent's Usual Occ ve kind of work don	upation ne during most of wor ired)	king	16b. Kind of Bu	usiness/Indu	ustry
vetthe	mp	Elementary/Secondary (0-12)	College (1-4or 5+)							
D D D D D D D D D D D D D D D D D D D	ပိ	17. Fether's Neme (First, Middle, Last	NA	H	at Make	18. Mother's Nan	na /Firet Middle		lline	ry
/lan	Be	Bradley J.							11.5	
	2	19a. Intormant's Name/Reletionship (ay	Ilina Addrosa /Ctra	Amelia et end Number or Ru			Gilli	
Mar nd 2 sh aith and 27 is m										
C 72 04 h		Dolores Spence	er (Daught	20b. Place of Dis	position (Neme of	_	. Balti	more,	Md.	21224
or and and and and and and and and and and		1 Suriai 2 ☐ Cremetion 3 ☐		cemetery, c	remetory or other p					
altimore, mil. Pages 1 ar pertinent of Hea portant: If Item: y injury or other		4 ☐ Donation 5 ☐ Other (Specif		Oak Lav		April	4			Maryland
Ba Ba Ba Ba Ba Ba Ba Ba Ba Ba Ba Ba Ba B		21. Signature of Funeral Service Lices	1/1	c// 1	V. Dabro	ress of Fecility DWSK1/Cho	ojnacki	F.H.	P.A.	
	Ш	Mark ((Lorna	ck.	L005 Dur	ndalk Ave	e. Balt	imore,	Md.	21224
		23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused the	e deeth. Do not e	enter the mode of d	ying, such es cardied	or respiretory er	rest,	1	Approximete Interval Between
Physician		Seems April 1990 and 1990 and 1990	/							Onset and Death
/Medical Examiner	П	Immediate Cause (Final disease or condition	Myocard	ial in	farction	ו			1	hour
LXammer	L.	resulting in deeth)	Du	ue to (or es e cons	sequence ot):					
B	Examiner		Coronar	y Arte	y disea	ase			5	years
60, be axecuted iclan and burial-transit	Karr	Sequentially list conditions,	Du	ie to (or as a cons	sequence of):					
ords, P.O. Box 68760, requires that the death cardificate be assecut een signed by the attending physician and hould be detached for use as the burial-tran	i iii	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	0							
\$8760, icate be a	edical	that initieted events resulting in death) Last	Du	e to (or as a cons	equence of):					
X 6	S								- 1	
BO)	Completed by Physician/		d							
O. I the date	sic	Pert II. Other significant conditions of	ontributing to death but r	not resulting in the	underlying cause	given in Part I.	23b. Did t	obacco use co	ntributa to	the cause of death?
P.O. hat the de detached	F.	Diabetes melli	tus				101	/ee ∳□ No	3 Prob	ably 4 Unknown
w requires that been signed to should be det	by									
ould out	ted	Hypertension					24a. Was		aval	re autopsy findings Illable prior to
S 8 8	ple	nyper cension					,		of d	npletion of cause leath?
The is	TO.	Hyperlipidemia					1 🗆 Y	'es 2□No	10	Yes 2□ No
Vital I	Be	25. Was case reterred to medical				28. Place of Dea	ith (Check only o			
of Vita Physician: this cartific ral director,	To	examiner? 1 Yes 2 No	Hospital: 1 Inpatient	2€ ER/Outpat	lent 3□ DOA	Other: 4 Nursing H	ome 5 Resid	lence 8 Oth	er (Specify))
		27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Y	(ear) 28b. Time		jury at	28d. Describe h	ow Injury occur	red	
Vision Attending In death. Sector: After	atic	2 ☐ Accident Investigation	☐ Yes 2☐ No							
Vis Arte	tifle	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)						Street end Numb m, Stete)	er or Rural	Route Number,
D saft of in	Certification:			,	/					
hour uner						od at the time, date and place, and due to the cause(s) and manner as stated. on, in my opinion, death occurred at the time, date and place, and due to the cause(s)				
Divisio To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A complataly filled in by tha t	edical	one) 2 Medical Exam	and menner stated	d.	mivestigation, in my	opinion, death occu	ileo at the time, (sate and place,	OJ ĐUĐ DITA	ule Ceuse(s)
To to	Σ	29b. Signature and title of certifier	7. 11.A-	AL.		nse number		29d. Date signe		
	1	D / Back 11:1	16132 1 NIT	PLD	D44	1717		April	4,	1997

State Registrar Carol A. Newill MDPHD, GDMC, 2112 Dundalk Ave. Baltimore, MD. 21222

31. Date tiled (Month, Day, Year)

APR 0 7 1997

"32. Registrar's Signature

gundant Ave. Baltimore, MD. 21222

pleted cause of deeth (Item 23a) (Type, Print)

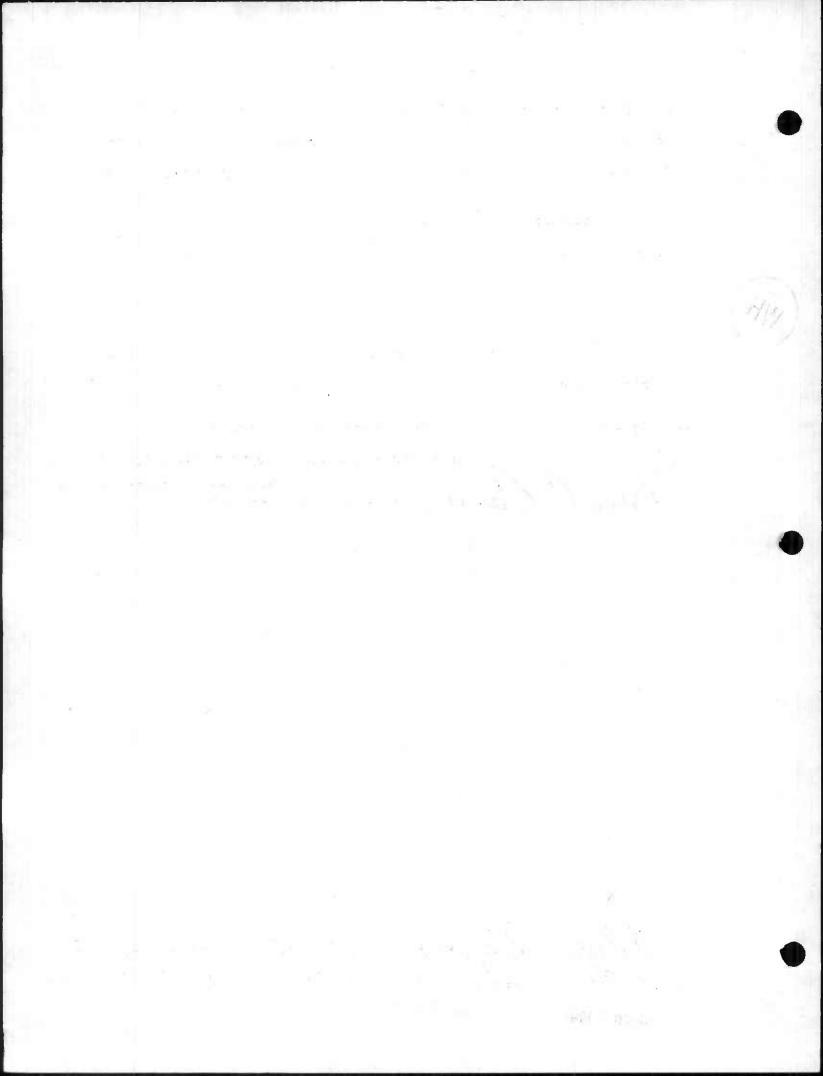
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Fig. 1 and the second s

Age of the

State of Maryland / Department of Health and Mental Hygiene 97 10423

				Cei	tificate	OIL	Jealli		Re	g. No.		
ian cal	1. Decedent's Name (First, Middle,	e McI		and				1	pate of Death Month	Dey 4 , /	997	3. Time of Death 6:10 P.1
ner	4e. Fecility Name (If not institution, Gilchrist Hosp)			4b	o. City, Town		of Death	4c. Count	y of Death	
			// /.		If Under 1	Vaar	Towso:			.1.	imore	
	219-22-8826	5. Sex 7. A 1 □ M 2 🖰 F	ge (In yrs. las 70	Yrs.		Days		Min. 1	Date of Birth Month, Day, 0/13/1	Year) 926	9. Birthp Coun MI	lace (State or Foreigr try)
	Usual Residence of Decedent 10a. State 10b. County		10c. City, 7	Town or Lo	cation		_				1	0d. Inside City Limits
Director	MD. Baltin	ore		owson								1 ☐ Yes 2 ☑ No
Die	10e. Street and Number				10f. Zip C	ode			10	g. Citizen of	What Coun	itry?
a	627 Round Oak F					204				USA		
Funeral	11. Marital Status	12. Was Decedent Armed Forces	?	13. V	Vas Decede Yes, specif	nt of His y Cuban	spanic Origin n, Mexican, F	? (Specify Puerto Rice	Yes or No- n, etc.)		ce - Americ ick, White,	
þ	1 Never Married 2 Married 3 XWidowed 4 Divorced	d 1 ☐ Yes 2 ☒ If Yes, Give Year or Dates:	No	1	☐ Yes 2	⊠ No	Specify:			Specil	y: Whit	e
Completed	15. Decedent's (Specify only highest	Educetion	1	6e. Deced	ent's Usuel	Occupat	tion	fworking	1	6b. Kind of B	lusiness/Inc	dustry
npie	Elementary/Secondary (0-12)	College (1-4or	5+)	life. E	O NOT use	retired)	uring most of	WOIKING				
Ö	12	5+		Teac	her					Educa	tion	
Be	17. Father's Name (First, Middle, La	*				'	18. Mother's	Name (Fir	st, Middle, M	aiden Surnar	ne)	
2	Heinrich Turk						Eileer	n O'B	rien			
	19a. Informant's Name/Relationship	(Type, Print)		19b. Mailin	g Address (Street ar	nd Number o	or Rural Ro	ute Number,	City or Town	, State, Zip	Code)
	Barbara Lipman			363 C	asparı	ıs W	ay I	Elktor	MD.	21921		
	20a. Method of Disposition 1 □XBurial 2 □ Cremetion 3	□ Removal from State	20b. Plec	e of Dispos	sition (Name letory or oth	of				0c. Location	- City or To	wn, State
	Donation 5 ☐ Other (Spe		Drui	d Rid	ge Cen	nete	ry	4/7	/97 P	ikesvi	lle,	MD.
	21. Signature of Funeral Service Lit	projec /		22.	Name and	Address	of Facility	Duck 5	Pottgon	Funox	n l IIo	me, Inc.
	1 / January (1/2	-00	1	050 Yo	ork i	Rd T	Powsor	n, MD.	2120	al no	me, Inc.
	23a. Part1 Piter the disease, or co	mplicetions II at ceuse	d the death. I								-4	Approximate
4	or heart fellure. List or	iy one ceuse on each I	ine.			- 1						Interval Between Onset and Death
	Immediete Cause (Final	1000	1 1	150	. / .		Ca					7 ,,,,,
	disease or condition resulting in death)	a. Me	TAST	MTIL	. 40	ng	CA	ncer			<u> </u>	a gerrs
Je.			Due to (or es	s e consequ	dence of):	•						. •
Examiner	Cognopticity list conditions	b	Due to (or es	e consoni	ience of):							
Ex	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury		Dao to (01 63	o consequ	201100 017.							
edical	that initiated events	C	Due to (or es	e consequ	ence of).						-	
8	resulting in death) Last		200 10 (01 63	o consequ	ones ory.							
In/M		d			_							
ic a	Part II. Other significant conditions	contributing to death h	ut not regulting	a la tho un	dodulos sou	oo ahaa	n in Doubl		an Didae			46
Physician	atti. Ottor agiinicant conditions	contributing to death b	out not resultin	ig in the un	deriying ceu	ise given	nin ran i.					the cause of death?
by P									1 Yes	s 2□No	3 Prob	ably 4□ Unknow
									24a. Was en	autopsy	24b. We	re autopsy findings
lete									perform	ed?	con	illeble prior to appletion of ceuse
Completed											Of C	death?
									1 🗆 Yes	2 No	1 🗆	Yes 2□ No
03	25. Was cese referred to medical examiner?	Mossitel						Death (Ch.	eck only one)		.1
2	1 Yes 2 No	Hospital: 1 Inpatie		Outpetient/		Other	4 LI Nursir		5 🗆 Residen		er (Specify	Hospice
Certification:	27. Manner of Death 1 Natural 5 ☐ Pending 2 ☐ Accident Investigat	28a. Date of Inju (Month, Da	y Year)	b. Time of Injury	28c	. Injury a Work? 1 □ Ye	at es 2 □ No		Describe how	v Injury occur	red	
fica	3 ☐ Suicide 6 ☐ Could not	he / U/IC		farm stre	et factory o	office		28f. L	ocation (Stre	et and Numl	her or Burai	Route Number.
erti	4 Homicide	28e. Place of Inj building, et	c. (Specify)	, 101111, 0110	ot, ractory, c	,,,,,			city or Town,			
2	29a. Certifier La Certifying F	Physician: To the best aminer: On the basis of	of my knowled	dge, death	occurred at	the time	, dete end p	lace, and d	ue to the cau	use(s) and ma	anner as ste	eted.
O	one)	end manner st	ated.	011001 1111	outgettor, it	тту ори	mon, deeth c	50001160 61	ine time, dat	e and place,	2110 000 10	(ile cause(s)
edic	The state of the s	1.0			29c. L	icense r	number		290	d. Date signe	d (Month, L	Day, Year)
THE PARTY NAMED IN	29b. Signature and title of certifier	1111				-				- 1	games 2 a	
THE PARTY NAMED IN	29b. Signature and title of certifier	ni Kiles	, m	0		500	1205		H	DriL	3,1	997
Σ	29b. Signature and title of certifier 30. Name and address of person wh	y/liles	leath (Item 23	O a) (Type, P	rint)	<u> </u>	305		H	pril	3,1	997
Σ	1 91-Brother	ny lliler o compieted cayre of o GBM	leath (Item 23	0 a) (Type, P 20 /	Print) North	WS MC	Charle	es Sti	H	Pril	md md	21204
2	1 91-Brother	GBON	leath (Item 23	0 a) (Type, P	Print) Nors	WS MC	Charl	es Sti	H	Pril	md md	21204



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month RAY MANN MAX 4.35 AM APRIL 1997 4e. Facility Name (If not institution, give street end number) 3001, SOUTH HANDLE 4b. City, Town, or Location of Deeth 4c. County of Death HARBOR HOSPITAL CENTEL BALTIMORE STREAT If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 5. Social Security Number 6. Sex If Under 1 Year 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) 214 24 1799 1XM 2□ F Months Days Sept. 24,1921 North Carolina Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland N/A Baltimore 1 X Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3704 - 7th Street 21225 U.S. 11 Marital Status Wes Decadent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 Never Married 2 Married 1√ Yes 2 No If Yes, Give 1 ☐ Yes 2 No Specify: Specify: 3 Widowed 4 Divorced Year or Dates: W.W. II White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Rusiness/Industry Elementary/Secondary (0-12) College (1-4or 5+) Field Engineer National Cash Register 12th 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Benona Etha Wester Mann 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, Clty or Town, Stete, Zip Code) Kay Mann 3704 - 7th Street Baltimore, Maryland 21225 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 █ Burial 2 Cremation 3 Removal from State 4/5/97 4 ☐ Donation 5 ☐ Other (Specify) Glen Haven Memorial Pk. Glen Burnie, Maryland 21. Signatupe of Funeral Service Licenses 22. Name and Address of Fecility Gonce Funeral Home P.A. ramuskusku 4001 Ritchie Highway Baltimore, Md. 21225 23a. Part1. Enter the disease, or complications shock, or heart failure. List environ Institute caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, cause on each line. Approximate Interval Between Onset and Death fmmediate Ceuse (Final disease or condition resulting in death) & SQUAMOUS CELL CARCINOMA OF HYPOPHARYNX Due to (or es e consequenca of): Due to (or es a consequence of) 23b. Did topacco use contribute to the cause of death?

Physician /Medical **Examiner**

use as the

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certificata

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Certification:

Medical

Lei or Attending Physician: The sefter deeth.

In Director: After this certificate of in by the funeral director, pe

24 hours

To the Hosp within 24 ho To the Fund completely fi

Physician

/Medical

Examiner

Funeral

Director

r 28a-f show notified at

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238

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hours after

in 72?

215-0020

altimore,

Ридея

The lew requires that the death certificate be executed

P.O. Box 68760,

Division of Vital Records,

Director

Funeral

Completed by

Be

2

Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest Physician/Medical by Completed

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

1 Ves 2 No 3 Probably 4 Unknown 24e. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

212 No

1 ☐ Yes 2 ☐ No

25. Was case referred to medical 28. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28b. Time of 28d. Describe how injury occurred

28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? 1 PNetural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident

3 ☐ Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. 29a. Certifier (Check only one) 29d. Date signed (Month, Dey, Year)

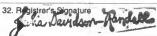
29b. Signeture and title of pertifier 29c. License number RESIDENT INTERNAL MEDICINE APRIL 3, 1997 AS 2441614-25

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) HARBOR HOSPITAL CENTER,

ISHA SRIHARI VEMULAKONDA 3001, SOUTH HANOVER STREET, BALTIMORE MD 21225 ISHA SRIHARI VEMULARONDA

State Registrar 31. Dete filed (Month, Dey, Yeer)

APR 0 7 1997



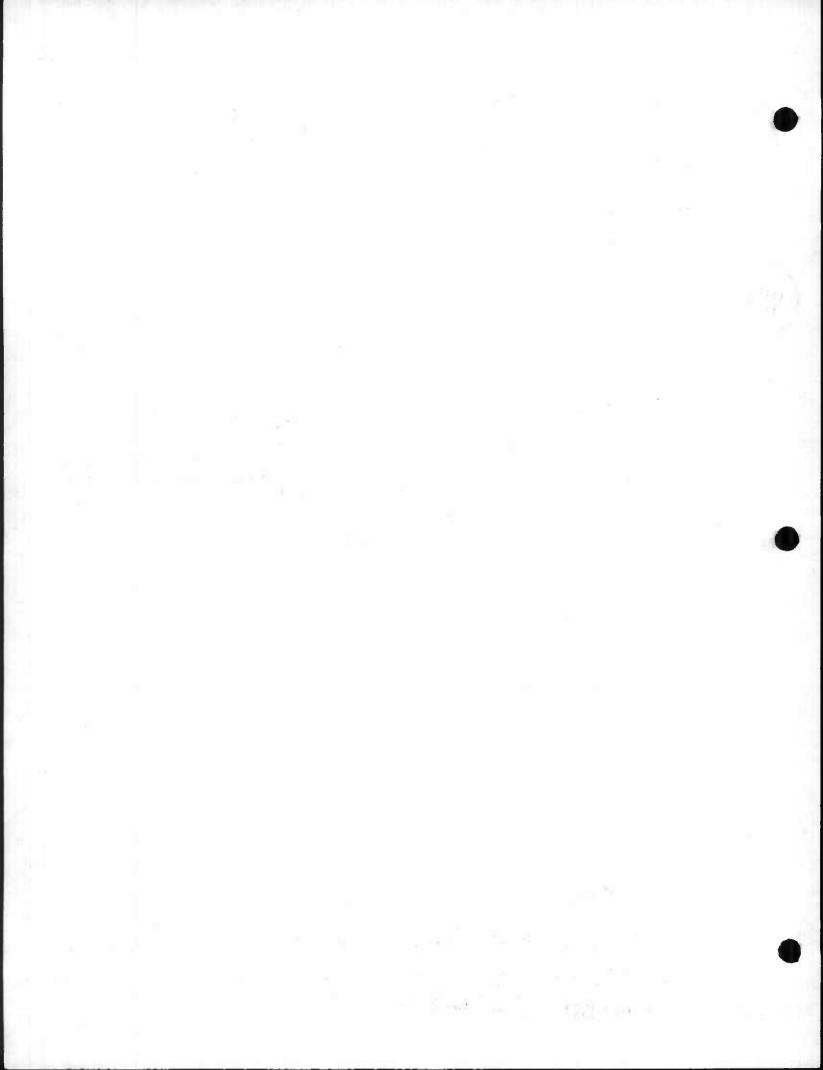
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3, Time of Death Month **Physician** OWENS 4b. City, Town, or Location of Death SYLVIA ZYFAM 1997 /Medical 4a. Facility Name (If not institution, giva straet and numbar) Examiner 4c. County of Death Hospital Battimore SINAL If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** Birthpiaca (State or Foreign Country) 217-26-7303 1 □ M 2 🗸 F 67 Yrs. Director Feb. 16, 1930 MD. Usuai Residence of Decedent 10b. County 10c. City. Town or Location show 10d. Inside City Limits MD. N/A Baltimore XX Yes 2 □ No Director 289-1 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? ò Gut be 5450 Lynview Avenue 21215 U.S.A. 238 Funeral 12. Was Decedent Ever In U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - Amarican Indian, Biack, White, etc. 11 Marital Status 1 ☐ Yas 2XXIIIo If Yes, Give Yaar or Dates: 1 Naver Married 2 Married 1 Yas 2 No Specify: Specify: Black þ 3 ☐Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Buainess/Industry (Giva kind of work dona during most of working life. DO NOT use retired) 212/ Frances Gallager Service Elementary/Secondary (0-12) Coltege (1-4or 5+) Rosewood Center High School House Counselor altimore, Maryland 17. Father'a Name (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Sumama) Be Pages 1 and 2 should be sent of Health and Mental Alva Jackson John McKinley Scott 19a. Informant's Name/Relationship (Type, Print) daughter 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health a Important: If them 27 is any injury or other tra Theressa Cooper 5450 Lynview Avenue Balto., MD. 21215 20b. Place of Disposition (Name of camatary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Shunal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Meadowridge Cemetery April 7 Howard County, MD. 22. Name and Addrass of Facility Nutter Funeral Homes, Inc. 21. Signature of Funeral Service Licens my 1 2501 Gwynns Falls PKWY, Balto. MD. 21216 ter the disease, or complications that caused the state. Do not enter the moda of dying, such as cardiac or respiratory arrest, haari failure. List only one cause on each line Physician /Medical · Electro mec hanical dissociation Immediate Cause (Final disease or condition resulting in death) Examiner wall myorardial infarction 7 hours Examiner Interior The law requires that the deeth certificate be executed burial-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last pue Due to (or as a consequence of): Box 68760. Physician/Medicai use es the Due to (or as a consequence of). P.O. I Part II. Other significent conditiona contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t of Vital Records, þ Completed 24b. Were autopsy findings availabla prior to completion of cause of death? 24a. Was an autopsy performed? certificate has 1 Yes 2 ILM 1 ☐ Yes 2 ☐ No Be 25. Was case refarred to medical 26. Place of Death (Check only one) examinar? Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 9 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA this s after death.

S after death.

I Director: After this ed in by the funeral d 27. Manney of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. tnjury at Work? Division 5 Pending Investigation 1 Naturel 1 □ Yes 2 □ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Ptaca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital or within 24 hours af To the Funeral D completely filled i 12 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Exeminer: On tha basis of examination and/or investigation, in my opinion, daath occurred at the tima, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only 29b. Signatura and title of certifian 29c. Licansa number 29d. Data signad (Month, Day, Year) 1838 Greene Tree Road Pikosille MANY (AND) 30. Name and address of person who comple eted cause of death (Item 23a) (Type, Print) DuBoisMA jamin Victor 31. Date filed (Month, Day, Year) State

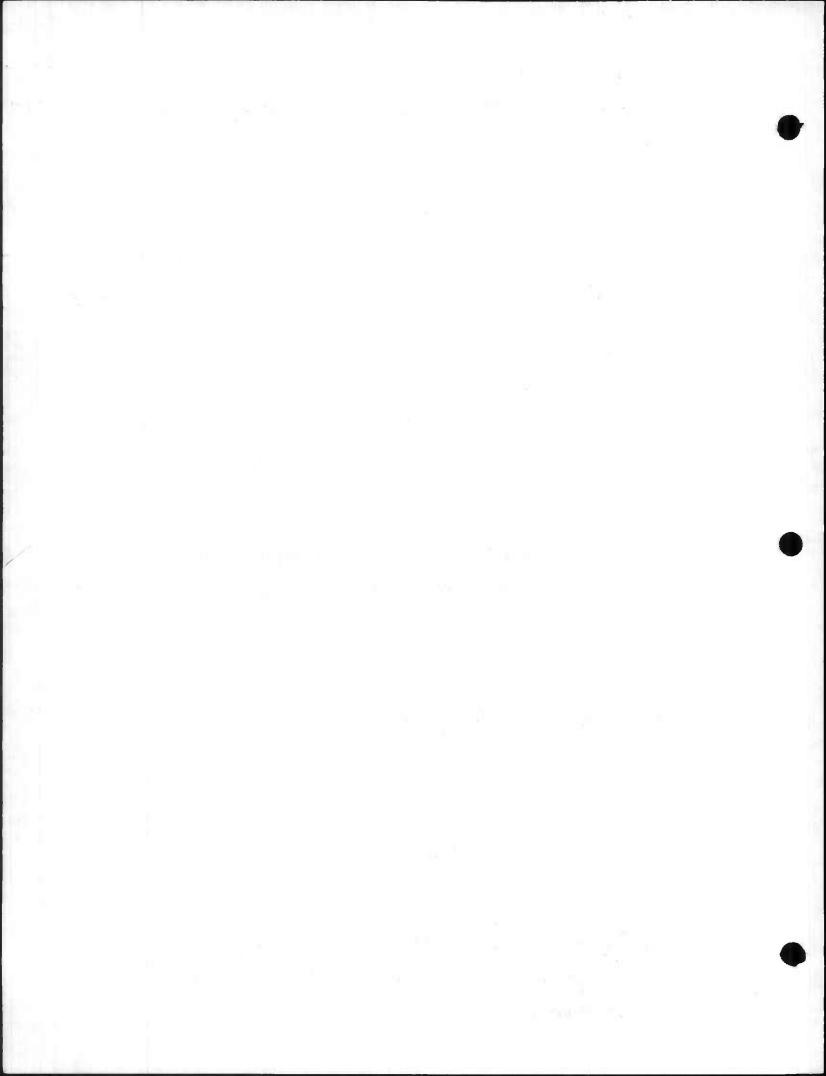
Registrar

APR 0 7 1997



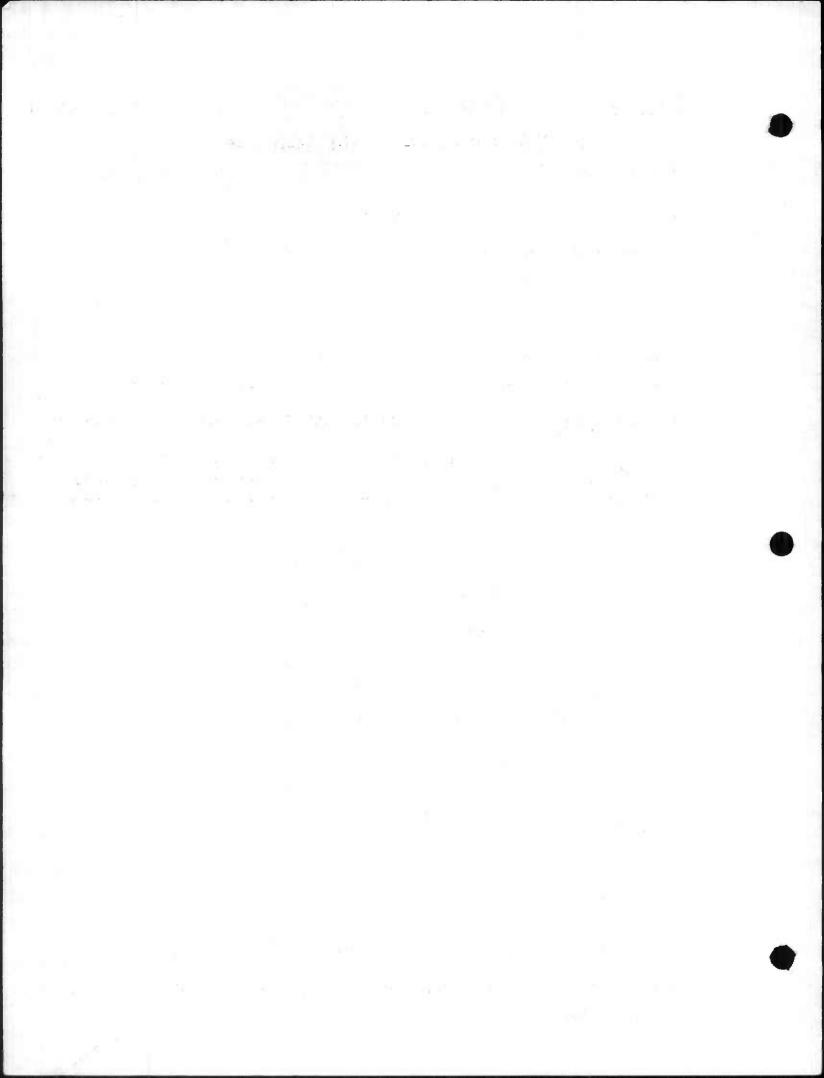
State of Maryland / Department of Health and Mental Hygiene 10426 Certificate of Death Items7,8 4-14-97 FilmG746 W.H.Per F/H 1. Decedent's Neme (First, Middle, Last) 2: Date of Death 3. Time of Death **Physician** ANDREW 11:39 AM 97 APRIL /Medical 4a. Fecility Name (If not institution, giva straet and number) 4b. City, Town, or Location of Death **Examiner** If Undar 24 Hrs. 8. Date of Birth 715 - 38 jila 11 If Undar 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days **2** M 2 □ F 2.327448 59 Yrs. Director Usual Residence of Decedent tha Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inslde/City Limits traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Baltmore Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ö Park 238 Funeral Itams 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No If Yas, specify Cyban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armad Forces? 14. Race - Amarican Indien, Bleck, White, atc. Married 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Dates: 1 Never Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 ☑ No Black Specify: by 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede com 16b. Kind of Business/Industry permit. Pagas 1 and 2 should be filed within 7 Depertment of Haalth and Mantel Hygiane. Important: If Itam 27 Is marked other than "n any injury or other traumatic event, ITAMES. Elementary/Secondery (0-12) College (1-4or 5+) 7tharade ward Privato 17. Fathar's Nema (First, Middle, Lest) 18. Mother's Neme (First, Middla, Meiden Sumeme) James almer 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Forest Park Are Md 21201 Baltmore Palmer WITC 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Woodlawn 4-4-97 Baltimore Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility

March Kuncral Home 21. Signature of Funeral Service Licansee West abre 0 4300 Wabash Ave 23e. Pert1. Entar tha disaase, or complications thet ceusad tha daath. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one ceuse on eech line. Approximata Intervel Between Onset end Death **Physician** /Medical Immediete Causa (Final HUPERTENSIVE CARDIOMY OPATHY diseese or condition resulting in death) Examiner HMPERTENSION Examiner ician and burial-transit Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Box 68760. attending physician for usa es the buria Physician/Medical Due to (or es e consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23h. Did tobacco use contribute to the cause of death? Division of Vital Records. P.O. 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No HISTORY OF ATRIAL THROMBUS à 24b. Were eutopsy findings available prior to 24e. Wes en eutopsy parformed? Completed peen completion of causa of deeth? hes 2 1 ☐ Yes 2 ☐ No cartificate Hospital or Attending Physician:
 24 hours eftar death.
 Funeral Director: After this cartifical 25. Was case referred to medical exeminer? Be 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 1 Yas 2 No 1 Inpatient 2 NER/Outpetient 3 DOA 2 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28e. Dete of Injury (Month, Day Year) 28b Time of 28c. Injury et Work? 5 Pending investigation 1 Yes 2 No 2 Accident N 28e. Place of Injury - Af home, ferm, street, factory, offica building, etc. (Specify) 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide 29a. Certifier (Check only one) 11 Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end menner steted. To the I within 2 To the I complat 29c. License number 29d. Date signed (Month, Day, Year) se of death (Item 23e) (Type, Print) 31. Dete filed (Month, Day, Registrer's Signeture State APR 0 7 1997 his Davidson Registrar



State of Maryland / Department of Health and Mental Hygiene 9 7

					Cer	tificate of	Death	7		Reg. No.			
	П	1. Decedent's Name (First, Middle, La	ist)						2. Date of D			3. Time of Death	
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Director		Usual Residence of Decedent		,					02-1	3-34	PIL	<i>)</i> •	_
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4 II	Funeral	11. Meritel Stetus	12. Was Decedent Armed Forces?	7	i. 13. V	Vas Decedent of Yes, specify Cut	Hispanic Or pan, Mexica	rigin? (Spe in, Puerto i	icify Yes or N Rican, etc.)	o- 14. Ra	ca - America ck, White, o		
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12 Pan Pan Pan Pan Pan Pan Pan Pan Pan Pan	d E	Elementery/Secondary (0-12)	College (1-4or	5+)									
C Special	S	10th Grade	Na		Mair	ntenanc			17-2-36-12-	Faci		es	
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yla Men Men	2	James Wesley	Powell				ROS	е ма	rie	Truelle	all		
Maryland 21215-0026 d 2 should be filed within 72 hours at the and Mental Physiene. T is marked other than "natural", or traumestic event, the Medical Exam		19a. tnformant's Name/Relationship (Type, Print)			g Address (Stree							. 8
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altimore mit. Pages 1- partment of He portant: If New y Injury or oth		20a. Method of Disposition		000	ce of Dispos	ition (Name of etory or other pla	ace)		Date	20c. Location	- City or To	wn, State Md.	
mo Page out of		12 Donetion 5 ☐ Other (Specific						Cem	. 04-	08-97	Owing	gs Mills	3
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Physician											1	Onset and Death	
/Medical Examiner		Immediate Cause (Final disease or condition	. MUL	TISU	STE	m o	RGA	N	FALL	NE	1		
THE REAL PROPERTY.		resulting in death)			as a consequ								
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cord v require been si	ete									omed?	ava	allable prior to inpletion of cause	
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= F # 8 8	Completed								1 💆	Yes 2□ No	1[Yes 2 No	
ysician: The ysician: The ysician: The ysician: The ysician of the	9	25. Was case referred to medical examiner?					26. Plac	e of Death	(Check only	one)			
- 5 go	2	1 Yes 2D No	Hospitel: 1 Inpatie	ent 2 🗆 E	R/Outpatient	3□ DOA Ot	her: 4□ N	ursing Hor	ne 5 Res	idenca 6 DOt	ner (Specif))	
On O		27. Manner of Death 1 DaNatural 5 □ Pending	28a. Date of tnju (Month, De	ry Year)	28b. Time of Injury	28c. Inju	iry at	2	28d. Describe	how Injury occu	rred		
Division or Attending efter death. Director: Attending the fune	atic	2 Accident Investigation	n	, ,	,,		Yes 2□	No					
ViS Ante- ecto by th		3 ☐ Suicide 6 ☐ Could not b	200. Flace 01 III)	ury - At hon	ne, ferm, stre	et, factory, office		2		(Street and Num	ber or Rure	l Route Number,	-
Div A selfer din by	Certification:	4 🗆 Holliicide	building, et	c. (Specify)					Uny or 10	iwn, Stete)			
		29a. Certifier 1 Certifying Ph	ysician: To the best	of my know	edge, death	occurred at the t	lme, dete ar	nd place. a	ind due to the	cause(s) and m	enner es st	eted.	
Fu P	edical	(Check only 2 Medical Examone)	niner: On the basis of and menner st	t examination	on and/or Inve	estigation, in my	opinion, de	ath occurre	ed at the time	, date and piece,	end due to	the cause(s)	
of the sample of	E E	29b. Signature and title of certifier	7			29c. Licen	se number			29d. Date signe	ed (Month. I	Day, Year)	
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HI		30. Name end eddress of person who	A .	leeth (Item :	23a) (Type, F	- 0		1			10	Mr. GREETS)
0		WALTER SAKT	M.IS	DE	PT. C1	F Sueg	Erry "	ISAU	11 more	VAMC	3	Ms. 2120	1
State		31. Date filed (Month, Day, Year)	2. Region	ar's Signate	Randalle	D .	•						
Registra	r	APR 07 1997	June	~ { = (10)	0								



State of Maryland / Department of Health and Mental Hygiene

Item23 part II per PHY Film G746 4-21-97 rja Certificate of Death

		_
hysician	1. Decedent's Neme (First, Middle, Last) RODNEY, ALLE	-/

N, PYLES, SENIOR

2. Dete of Deeth APRIL/05/1997 3:17 Pm

Examiner

4a. Fecility Neme (If not institution, give street and number) HOSP, CENTER HARBOR

1**⊠** M 2□ F

4b. City, Town, or Location of Death BALTIMORE

Funeral Director

r 28a-f

r than "natural", or items 23s or the Medical Examiner must be a

tant: If item 27

Physician /Medical

Examiner

physician and the burial-tran

been signed by should be datad

Physician/Medical

by

Completed

Be

Certification:

8

1215-0020

Directo

Funeral

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Usuel Residence of Decedent 10a. State Maryland

10b. County

10c. City, Town or Location

Yrs.

7. Age (In yrs. last birthday)

52

May 14, 1944

 Birthpleca (State or Foreign Country) Maryland

N/A

Baltimore

10d. Inside City Limits 1 X Yes 2 □ No

10e. Street end Numbar

5. Sociel Security Number

217 40 5011

4007 - 5th Street

21225

10g. Citizen of Whet Country? U.S.

1 Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 No if Yes, Give Year or Detes:

 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 INo Specify:

 Raca - American Indian, Bleck, White, etc. Specify: White

15. Decedent's Education (Specify only highest grede completed)

Elemantary/Secondary (0-12) Collega (1-4or 5+) 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) Heavy Equipment Operator

10f. Zip Code

16b. Kind of Business/Industry Potts & Callahan

12th 17. Fether's Neme (First, Middle, Last)

Joseph H. Pyles Sr.

18. Mother's Name (First, Middla, Maiden Sumeme) Hilda Sewell

19e. Informent's Name/Raietionship (Type, Print)

wife Dianne Pyles

4007 - 5th Street

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Baltimore, Maryland 21225

20a. Method of Disposition

1 Burial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) Cedar Hill Cemetery

20c. Location - City or Town, State 4/9/97

Baltimore, Maryland

21. Signeture of Funerel Servica Licensee

namusugas

22. Name and Address of Fecility

Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225

23a. Forts: the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, enock, or heart failure. List only one cause on each line. Immediate Ceuse (Finel

SEPTIC

36 hrs

Onset end Deeth

disease or condition resulting in deeth)

Sequentially list conditions, if eny, leeding to immadiate causa. Entar Underlying Cause (Disaese or Injury that initieted events resulting In daeth) Lest

RENAL FAILURE Dua to (or es e consequence of):

EFT Due to (or es e consequence of)

HYPERNEPHROMA

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

ABDOMINAL ABSCESS AND FISTULA

23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown

24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Was an eutopsy performed?

CEREBRIVASCULAR ACCIDENT, HYPERTENSION, HYPOPARATHYROIDISM

1 Yes 2 No

1 ☐ Yes 2 ☐ No

25. Wes case referred to medical 1 Yes 2 No 27. Menner of Deeth

28e. Dete of Injury (Month, Dev Year) 5 Pending investigation

Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 28b. Time of

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 Yas 2 No

26. Piece of Death (Check only one)

28d. Describe how injury occurred

29e. Certifier

1 Natural

2 Accident

3 Suicide

4 Homicida

6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, data and place, and due to the ceusa(s) end menner es stated.

2 Medical Examiner: On the basis of exeminetion end/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) end manner stated.

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29b. Signeture end title of certifier

31. Deta filad (Month, Day, Yeer) APR 0 7 1997

29c. License number

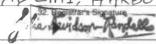
29d. Date signed (Month, Day, Year)

Desdeshir Khademi, INTERN ASZY44 16-14 APRIL/05/1997

30. Neme end eddress of person who complated cause of death (Item 23a) (Type, Print)

ARDESHIR KHADEMI, HARBOR HOSP. CENTER, 3001 SOUTH HANOVER STA

Registrar

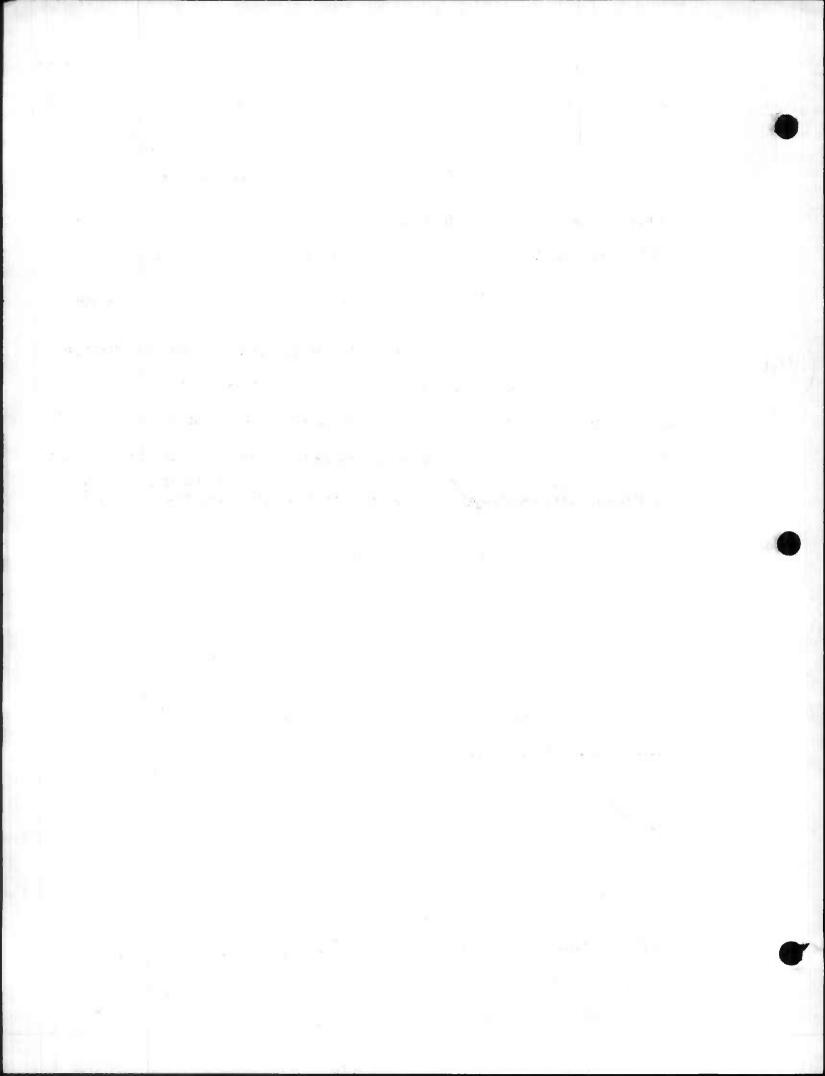


DHMH 16 Rev 6/95

Box 68760 P.O. Records, Division of Vital

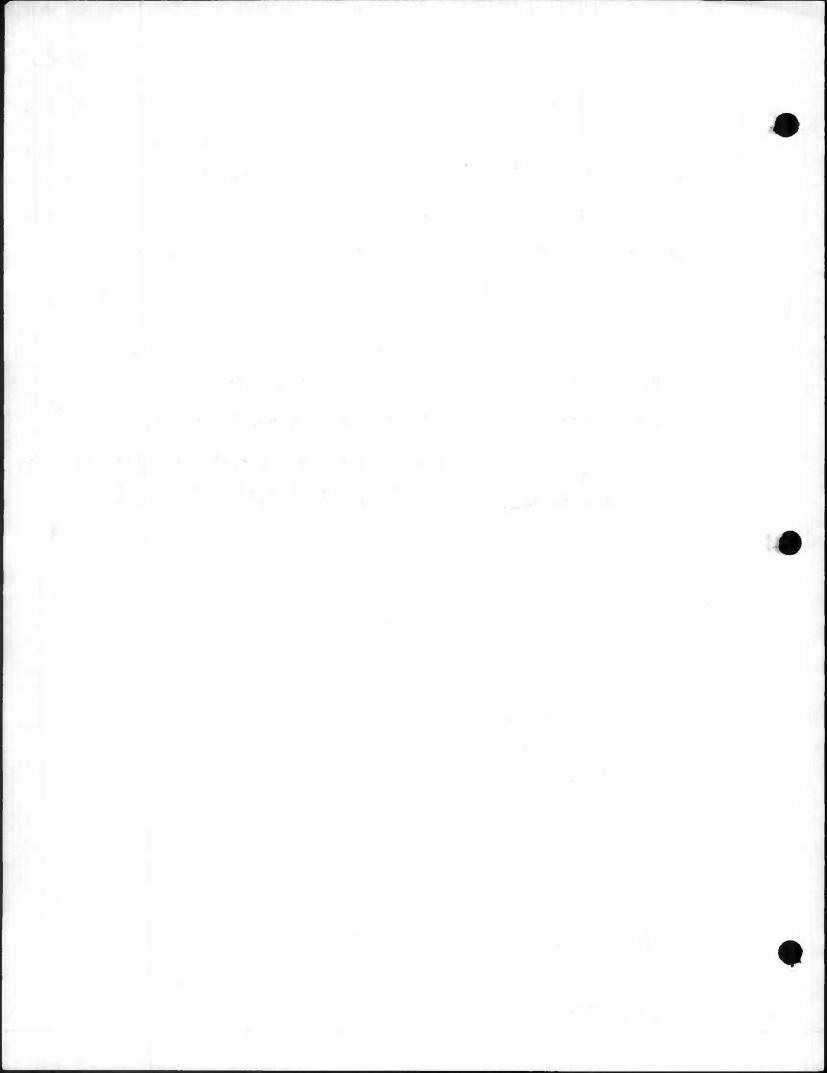
To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director. After this certifica complataly filled in by the funeral director.



State of Maryland / Department of Health and Mental Hygiene 97 10429

_				C	ertifica	te of	Death		Reg. No.		
П	Physic	ian	1. Decedent's Name (First, Middle, Last) Myrtle Pack					2. Dete of D Month	Day Day	Yeer	3. Time of Deeth
	/Med		d			1-		Hpri		997	11.50 am
نر	Exami	ner	4e. Facility Neme (If not institution, give street end number)	enter			4b. City, Town,	or Location of Dea		of Deeth	
1	_	7				r 1 Vaar	130	timor			
	Funeral		1 M 2 XE 70	rs. last birthda Yrs.	Months	Deys	If Under 24 H Hours M	in. (Month, D	av. Year)		nlaca (Stete or Foreign ntry)
	Director		Usuel Residence of Decedent	113.	• 1			Jan.	3,1919	Ken	tucky
	pue **			City, Town or	Location					1	0d. Inside City Limits
	n the Marylan r 28a-f show unotified at	Director		ansdo							1 ☐ Yas 2 ☐ No
	# 10 M	Sire.	10e. Street end Numbar		10f. Z	ip Code			10g. Citizen of	What Cour	ntry?
	23 w	al E	2400 Tionesta Rd Apt. 3A		2:	1227		τ	United	Stat	es
1		Funeral	11. Marltel Status 12. Was Decedent Ever in Armed Forces?	U,S. 1:	3. Wes Dace	adent of h	lispenic Origin?	(Specify Yes or Nerto Rican, etc.)	o- 14. Rac	e - Americ	
2	S. 53		1 Never Married 2 Married 1 Yes 2 No				Specify:	0110 1 110411, 010.7		ck, Whita,	etc.
00	(EHN	d by	3 ¹ Widowed 4 □ Divorcad Yeer or Datas:		10 163	- INO	эрвону.		Specify	w.	hite
1		eted	15. Decedent's Education (Specify only highest grede completed)	16e. De	cedent's Usi	uel Occup	oation during most of v	vorkina	16b. Kind of B	usiness/in	dustry
2	-	樺	Elementary/Secondery (0-12) College (1-4or 5+)				during most of v d)				
2	A SOUTH	Com	10	hom	emake	er			own h		
ü	H do p	Be	17. Father's Name (First, Middle, Last) Greenville Bolt					lame (First, Middle		10)	
¥	Mer Mer arks	20	Greenville Bolt					Stewart			
Maryland	2 Str and and and and and and		19a. Informent's Name/Relationship (Type, Print)					Rurei Route Numi			21221
	and mart mer tr		Lora M. Hoover					ue Lans	downe,	Mar	yland
9	F Iter		20a. Method of Disposition 20b ★□ Burial 2 □ Cremetion 3 □ Removal from State	 Plece of Dis cemetery, c 	sposition (Ne remetory or	me of other ple	ce)	Dete	20c. Location -	City or To	wn, State
Ē	460	10	Manual Salation 2 Publication 2016	rest1				4/8/97	Sykesy	ille	,Marylan
Baltimore,	Department Important any Injury		21. Signature of Euneral Servica Licansee		22. Nama e	nd Addre	ss of Fecility				•
œ	90 4 8 8		+ toulk I Land					Home			e
	-		23a. Pert1. Enter the disease, or complications that causad tha de shock, or heart failure. List only ohe cause on each line.	ath. Do not e	enter tha mo	da of dyli	ONGS F	erry Ro	orrest,	1227	Approximete
J	Physician		shock, or heert failure. List only one ceuse on each line.								Approximete Intervel Between Onset end Deeth
94	/Medical		Immediate Cause (Finel	200	: /					i	, 8
	Examiner			epsi o (or es e cons							1 week
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	outed od rensi	Examiner	Sequentially list conditions b.	(or as a cons	moni					-	TWEER
ó	en er iriel-t		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events	CAI	00						P
68760,	ite be iysici	cal	Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest Dua to	(or as a cons	sequança of)	:					un known
99	certificate be executed nding physicien end use as the buriel-trensit	n/Medical	resulting at deeth) Lest		,					į	
XO	h cel	2	d	_							
B	Tha law requires thet the daath ate has been signed by the atter paga 2 should ba datached for r	Physicia	Pert II. Other algnificent conditions contributing to death but not r	esulting in the	underlying	causa div	en in Pert I	23b. Did	tobacco use co	ntribute to	the cause of death?
P.O.	t the by th	, h		- 1	, ,						pably 4 Nunknown
	s the	by F	arinary / rac! in	ntec	Tion			_ '-			
rd	v require been sig should b	ba	Dementia	U				24e. We	en eutopsy	24b. We	ere eutopsy findings
00	w requ	Siet	Vementia					pen	ormed?	CO	eileble prior to mpletion of cause deeth?
Re	icien: Tha law cartificate has rector, paga 2	Completed	Coronary arter	a Dis	sease	0		10	Yes 2 No		Yes 200 No
tal			25. Wes case referred to medical)	/ (a) (OR Disea of D	eeth (Check only			- 264110
5	sicie cart	To Be	exeminer? 1 Yes 20 No Hospital: 10 Inpatient 2	□ EB/Outpot	tient 3 D	Oth Oth	OF!	Home 5 Res		as (Onasi6	
0	Phys r this aral di		27. Menner of Deeth 28a. Dete of Injury	28b. Time		28c. Injui Woi			how Injury occur		()
on	ding th.	tior	1 (Month, Dey Year) 2 ☐ Accident investigation (Month, Dey Year)	Injury	M		rk? Yes 2 □ No				
S	deal deal ctor: y the	fica	3 Suicide 6 Could not be	home farm				28f. Location	(Street end Numb	er or Rure	/ Route Number
Division of Vital Records,	Dire Dire	Certification:	4 Homicide determined 286. Piece of Injury - At building, etc. (Spe	cify)	011001, 100101	y, oo			wn, Stete)		
	ppital ours erel filled		29a. Certifier 1☑ Certifying Phyeician: To the best of my k	nowledge de	eth occurred	et the tir	me date and nie	ce, and due to the	cause/s) and me	nner ee el	eted
	Pur Fur etely	edicai	(Check only 2 Medical Examiner: On the basis of examination one)	netion end/or	Investigetlo	n, in my o	pinion, deeth oc	curred et the time	date end plece,	and due to	tha ceuse(s)
	To the Hospital or Attending Physicien: The law within 24 hours after death. To the Funeral Director: After this cardificate has completely filled in by the funeral director, paga 2	Me	29b. Signetura and titla of cartifier				a numbar	T	29d. Date signe	d (Month.	Dey, Yeer)
	H 3 F 8		Ali Naderi, MD					1-61	Avari-	P. 4	1997
	/			00-1 (7							
			30. Name end eddress of person who completed cause of death (It	em 23e) (Typ	ital	Par	tor 2no	1 < 11.	marker C.	t. R	e ftimano
	Sta	ato	30. Neme end eddress of person who completed cause of death (It A Ti Na devi, Harbor 31. Date tiled (Month, Day, Year) 32. Registrer's Sig APR 0 7 1997 Garan Auritary	neture	191	LEDI	161, 500	1 0, 179	HOVEY	1 100	1 CITIONE
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			111110 - 1001								



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State of Maryland / Department of Health and Mental Hygiene 0.7 1.01, 2.0

				ar y raine		tificate of	Death		Reg. No.	/	0430
Physicia:		1. Decedent's Neme (First, Middle, Las. TROY	")	PA	ARKER			2. Date of De- Month APRIL		997	3. Time of Deeth 1:27 A
/Medica Examine		4a. Fecility Neme (If not institution, give	street end number))			4b. City, Town, or L				
			TRAUMA				BALTIMO		No	14	
Funeral Director		5. Social Security Number 6. Se 555-63-2644 Usual Residence of Decedent	7. Ag		Z Yrs.	Months Days	if Under 24 Hrs. Hours Min.	(Month, De	h 7-74	9. Birthp Coun	lece (Stete or Foreign
yand M		10e. State 10b. County		10c. City,	Town or Loc	cation				1	0d. Inside City Limits
the Maryla 25a-f show notified at	cto	Md N/A		131	11t1	more	-				1 1 105 2 No
with the Maryland a or 28a-f show be notified at	e e	10e. Street end Number				10f. Zip Code			10g. Citizen of	What Coun	try?
ath v s 23a nust	rai	3803 FEVNH				2121				,A	
8.3	by Funeral Director	11. Marital Status 1 ☑ Never Marrled 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Dates:		If	Vas Decedent of I Yes, specify Cub ☐ Yes 2 ♣ No	dispanic Origin? (Spen, Mexican, Puerto Specify:	pecify Yes or No- p Rican, etc.)	Specif	ck, White, or	
NEW STATE	Completed	15. Decedent's Edu (Specify only highest gred Elementary/Secondery (0-12)	cation le completed) College (1-4or t	5+)	lite. D	O NOT use retire	1	king	16b. Kind of B	usiness/Inc	ustry
D STATE	S	17. Fether's Neme (First, Middle, Last)	2			Stude		office Asideli		NE	
When Man	To Be	FREC PAVKE 19a. Informent's Name/Reletionship (T)			401 14:33			Willi	4MS		
			- Mo Th	WD D		_	and Number or Rus	-			Code)
ore, N		20e. Method of Disposition		20b. Ple	ce of Dispos	ition (Name of			20c. Location		wn, Stete
altimore, mit. Papes 1 ar partment of Hea portant; if Nem.; y Injury or other		1 Burial 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	Removal from State	N	a -	etory or other ple	ce)	4/8/97	BAL	4	201
alti mit. porte y inju		21. Signatural Funeral Service Licens	99	-	V		ss of Facility	durad	BALT	· Ma	1.21213
00 88 88	1	Durani l	Da		1	1639 1	20215	The state of	(Hana	152	SERVICE
Physician		234 Part. Enter the Bispasse of Compo shock, or heart tailing. List only of	ications that caused ne cause on each li	the death.	Do not ente	r the mode of dyir	ng, such es cardiac	or respiretory er	rest,		Approximete Intervel Between Onset end Deeth
/Medical Examiner		Immediate Ceuse (Final diseese or condition resulting in death)	. Multi		Gunst es e consequ		eunds				
pet nsit	Examiner),								
60, be executed siclan end buriel-transit	EX E	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury		Due to (or e	es e consequ	ience of):					
68760, tificete be exa g physician e as the buriel		trief militered events)	Due to (or e	s e consequ	ence of):					
rtificet		resulting in deeth) Lest		2 10 10 10 10	o o oonsequ	ence or).					
Box eath cert attendin for use	an										
the dear	200	Pert II. Other eignificent conditions cor	tributing to death bu	ut not result	ing in the un	derlying cause giv	en in Pert I.	23b. Did to	obacco uee co	ntribute to	the cause of death?
□	Dy Fin							101	es 2 No	3 □ Prob	ably 4 Unknown
aw aw	paraidi							24e. Wes e perfor	en eutopsy med?	eve	re eutopsy findings ilable prior to apletion of cause eeth?
The land cate ha	5							1,Ø Y	es 2 No	12	Yes 2□ No
Of Vital Physician: The Physician: The sertificate ral director, peg		25. Wes case referred to medical exeminer?	lospital:			Otto	26. Place of Deet	th (Check only or	ne)		
His hy		Yes 2 No 27. Menner of Deeth	1) Inpatie		NOutpatient 8b. Time of		4 Li indising no	ome 5 Resid)
Division of standing Physics of the dath. al Director: After this led in by the funeral died in by the funeral director. To Certification: Tr		1 □ Naturel 5 □ Pending 2 □ Accident investigation	(Month, Day	Year)	Injury	28c. Injur Wor A M 1	Yes 2 No	- 11	ow injury occur	, l	
Attar dea	2	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Inju	ury - At hom		et, factory, office		28f. Location (S	treet and Numb	he t er or Rural	Route Number, West Madisor
Ced in Ced in	5	- Jag Hormoldo	building, etc	itome	bile			Baltimore	_		
n 24 hour ne Funer Funer pletely fill	Calcal	29a. Certifier 1 CertifyIng Phys (Check only one) 1 CertifyIng Phys	Iclan: To the best of	of my knowle exeminetion	edge, death	occurred et the tine estigation, in my o	ne, dete end place.	end due to the c	euse(s) end me	nner es ste	eted.
To the company	100	29b. Signeture end title of certifier	1			29c. Licens		2	9d. Date signe	d (Month, E	Pay, Yeer)
		stust 1	Vlan	da	MP	o.c.		A	PRIL (2,19	97
7		Stephen 5, Ro	mpleted cause of de	eeth (Kem 2	3e) (Type, P	rint) Penn Si	treet F	Raltimo	ro M-	7777	nd 21201
State		Stephen 5, 120 31. Date filed (Month, Day, Year)	adentZ,	M P	60.00			AL CINO	LC, FIC	туу	IIU ZIZUI

State Registrar Stephen S.
31. Date filed (Month, Day, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Death 3. Time of Death Month 1997 Alexander E. Richardson March 1313 4e. Fecility Neme (If not institution, giva street and number 4b. City, Town, or Location of Deeth 4c. County of Death Hospital 1+1more DAINT HENES Hours Min. 8. Date of Birth (Month, Dey, Year) If Undar 1 Yaar Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign Deys 1 X M 2 □ F 58 219-26-5295 Usuel Residence of Decedent 10b. County City, Town or Location 10d. Insida City Limits md ACH 1 Yas 2□No more 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? N USA + GOM. Was Decedent of Hispenic Origin? (Specify Yes or No If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 12. Was Decedent Ever In U.S. Armed Forcas? 14. Race - American Indian, Black, White, etc. 1 Nevar Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) NA Derator 18. Momar's Nama (First, Middle, Maidan Sumama) 17. Fether's Neme (First, Middle, Last) Tichard VURNIA (19b. Meiling Addrass (Straet and Number or Rurel Royte Number, City or Town 19s. Informant's Name/Relationsh (Type, Print) Kichardson-Wife Balto. 12 N. Ellamont St KATHERINE md. 21229 20b. Place of Disposition (Nema of cemetery, cremetory or other plec 20e. Method of Disposition Dete 20c. Location - City or Town, Steta 1 NBurlal 2 ☐ Cremetion 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) 2 97 KINGMemoria 21. Signature of Funeral Service Licens 22. Nama end Address of Facility TON 4300 Wabosh Way 51512 Ave. 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heer failure. List only one ceuse on each line. Approximete Intarval Between Onset end Death oscleratic cardiac discase tmmediate Ceuse (Final diseese or condition resulting in death) yror Part II. Other significent condition

Physician /Medical **Examiner**

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been signed by should be detac

I or Attending Physician: after deeth. Director: After this certifica

To the Hospital or Atter within 24 hours after ded To the Funeral Director completely filled in by th

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

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Completed

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Certification:

Physician

/Medical

Examiner

10a. State

Director

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Funeral

Director

7 is marked other than "netural", or items 23s or 28s-f shor traumstic event, the Medical Express; must be not ined at

nit. Peges 1 and 2 should be filed within 72 hours efter certment of Health and Mental Hygiene. ortant: if Item 27 Is marked other than "netural", or item injury or other traumatic event, the Medical Exammen

permit. Pege Department of Important: If eny Injury or

Baltimore, Maryland 21215-0020

deeth with the Marylend

Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest

Due to (or es e consequence of):)
cDue to (or es e consequence of):		
d		1
ons contributing to deeth but not resulting in the underlying ceuse given in Part t.	23b. Did tobacco use co	ntribute to the cause of death
	24a. Was en autopsy performed?	24b. Were eutopsy findings aveilable prior to completion of cause of death?
as Plant of P	1□ Yes 2₽No	1 ☐ Yas 2 ☐ No

25. Was cese referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetiant 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Natural 5 Pending investigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Medical Examiner: On the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier

Medicai (Check only one) 29b Signature end title of certifier

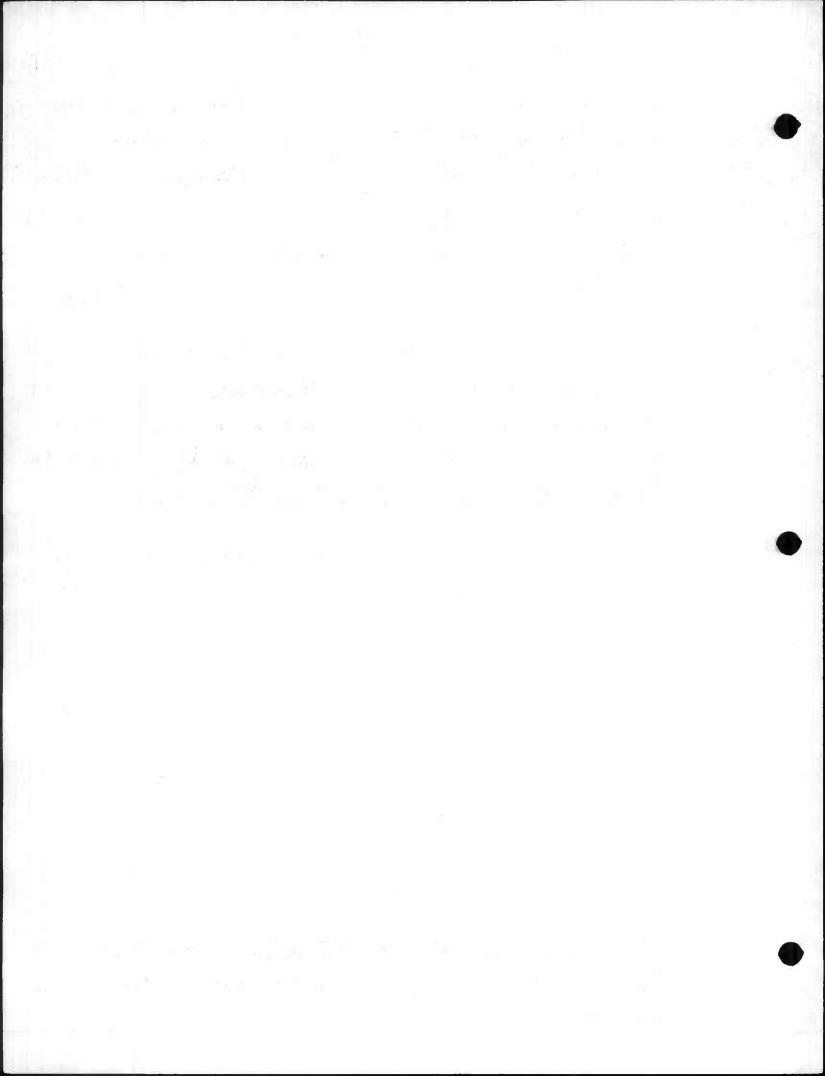
29c. License number 29d. Data signed (Month, Dey, Year)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

goo caton Avenue Baltimas

State Registrar

ound 32. Begistrer's Shareture 31. Date filed (Month, Day, Year) APR07



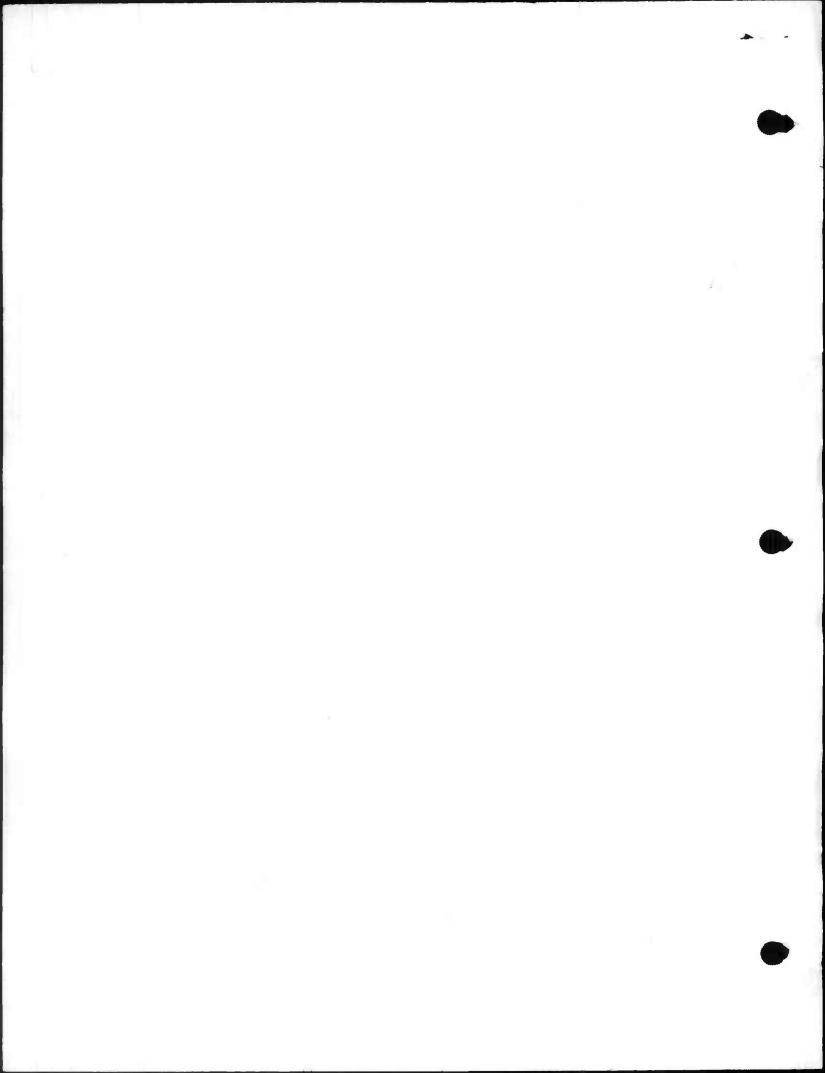
State of Maryland / Department of Health and Mental Hygiene

MD Paltimore Baltimore Baltimore Baltimore Bossesses of the policy o						Cei	tificate d	of Death		Reg. No.	3 1	10432
April 1 3 1997 6 6 0 Opm Feature Part Section 1 1997 6 6 10 Opm Feature Part Section 1 1997 6 6 10 Opm Manior Caze Townson Free Section 1 1997 6 6 10 Opm Manior Caze Townson Free Section 1 1997 1 199	Dhysisian		1. Decedent's Neme (First, Middle, I	.ast)			P				Voor	3. Time of Deeth
Examine Manor: Care Towoon Social Security Number 1.5 S			Margaret Sarah	Ruffell						3 1		6:00pm
Second South Number Number Gaster 10 20 7 7 7 7 7 7 7 7 7			4e. Fecility Neme (If not institution, g	ive street end number)				4b. City, Town, o	r Location of Deet	th 4c. Coun	ty of Deeth	
123-34-1148 105 County 106 City, Term or Location 106 City, Term or Location 107 Zo Crobe 108 State and Aurorate 109 County 109 Min Baltimore 100 County 100 City Term or Location 100 West 2 In N 100 Min Baltimore 100 County 100 City Term or Location 100 West 2 In N 100 City Term or Location 100 West 2 In N 100 Min Baltimore 100 County 100 City Term or Location 100 West 2 In N 100 Min Baltimore 100 County 100 City Term or Location 100 West 2 In N 100 Min Baltimore 100 Min Balti				on						Bal	.timor	re
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The continue of the continue	48	9		ле	D¢	LLLINO		le		10a. Citizen of	Whet Cou	ntry?
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JOINT SERVAIT In Informer's Name Relationship (Type, Print) See Making Address (Streem and Number or Prunt' Route Number, City or Town, Sine, 226 Code) 36 Wandsworth Bridge Way, Lutherville, MD. 21093 260. Method of Disposition Special Disposition 27 Disposition (Printer of Prunt' Route Number, City or Town, Sine) Special Disposition (Printer of Printer) Special Disposition (Printer) Special	disal	916	15. Decedent's	Education		16a. Deced	ent's Usual Oc	cupation	yorking.	16b. Kind of	Business/In	ndustry
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Continued to Name of Address of Science and Name of Paul Route Number. City or Town, Stein 20 Code)	T to a	e D		st)						, Maiden Sume	me)	
Miriam S. Glinsmann 20 Method of Disposition 20 Place of Disposition (Name of Disposition (2						Mary D	ickson			
The Sural 2 Coremator 3 Tennoviel from State Mays Chapel Cemetery 4/5/97 Timonium, MD. 22. Spans and Address of Fecility Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, MD. 21204 23a. Fart I. Enter the cliesse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate printing in the mode of dying, such as cardiac or respiratory errest. Approximate printing in death Due to (or as a consequence of):	音・発音					36 Wa	ndswort	h Bridge				
Approximate part of the blasses, or complications and caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 22. Name and Address of Facility 1050 York Rd., Towson, MD. 21204 23e. Pertit. Either the blasses, or complications and caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 25e. Pertit. Either the blasses, or complications and caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 25e. Pertit. Either the blasses, or complications and caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 25e. Pertit. Either the blasses, or complications and caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 25e. Pertit. Either the blasses, or complications and caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 25e. Pertit. Either the blasses, or complications and caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 25e. Sequentiely sist conditions, if any, legality is immediate classes (Fine) in the pertit. 25e. Due to (or as a consequence of): 25e. Due to (or a	な事を			□ Removel from State	20b. Pla	ace of Dispo: metery, cren	sition (Neme of natory or other	f place)	Date	20c. Location	- City or Te	own, State
23a. Part Light with disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest. Consider the control of the cause of the death of the cause of the death. Do not enter the mode of dying, such as cardiac or respiretory errest.	ant: I	- [Mays	Chape	el Ceme	tery	4/5/97	Timoni	um, MD).
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State 31. Date filed (Month, Day, Year)	6		Ted	or he M) -	782	Print) Yo	The Roa	Tow	sont	10 2	(204
	State		APRO? 1997	82 Registrer	ris Signatu	Randale						•

DHMH 16 Rev 6/95

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BALI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. F	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral
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		1 - STATE REGISTRAR	STATE OF MA	RYLAND	/ DEPAR	TMENT OF	HEA F D	ALTH AND	MEN	TAL HYGIE			10400
		1. DECEDENT'S NAME (First, Middle, HOW:		Rob	oinson					ATE OF DEATH	DAY 3	(P) 17 3	TIME OF DEATH
pjn		4. SOCIAL SECURITY NUMBER 213-07-0175	1 🖾 M 2 🗆 F	AGE (In yrs. 80	lest birthdey) YRS.	IF UNDER 1 YEA	'8 HC	UNDER 24 HRS OURS MIN.	0c1	TE OF BIRTH lonth, Day, Year)	1916	Country)	ACE (State or Foreign yland
I, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, Carroll Luthe RESIDENCE OF DECEDER	eran Village		:	West			DEATH			arrol	
mit, Pages 1, 2,	DIRECTOR	Maryland 10b. c	Carroll		10c. CIT	V, TOWN OR LO		nster				- 11	Dd. INSIDE CITY LIMITS? YES 2 NO
	MERA	100. STREET AND NUMBER 205 St Mark	Way				10f. ZIF	21157	7			J.S.A.	AT COUNTRY?
W	BY FU	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 T IF YES, GIVE WAR	KYES 2	NO	If yes	DECEND , specify rES 2 (y Cuban, Max	can, Puai	IGIN? (Specify Y rto Rican, atc.)	es or No	Black, V Specify:	- American Indian, White, atc.
for use	етер.	15. DECEDENT: (Specify only highest Elementary/Secondary (0-12)	S EDUCATION grade completed) College (1-4 or 5 +)	1	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			l working		166. KIND OF BUSINESS/INDUSTRY			7711100
detached once.	COMPLETE	4 Electrical Engineer Florida Marine 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)									rine S	ervice	
aid be	BE	Howard	Robin						rrie		gelsl		
5 shou	2	19a. INFORMANT'S NAME (Type/Print								lumber, City or To			
ctor, page		Mrs. Virginia Churn 2711 Lawndale Road Finksburg, MD 21048 20a. METHOD OF DISPOSITION 1											
al dire		21. SIGNATURE OF FUNERAL SERVI		Call	OII C	22. NAMI	ANO A	DDRESS OF	FACILITY				
the funer oval.		* Steple	en M Jes	ukin	5	8728	Lil	berty	Road	eral Di 1 Rand	allst	own,	nc. MD 21133
and completely filled in by the funeral director, page 5 should be detached for use o burial, cremation, or removal. mail: event, the medical examiner must be notified at once.		23. PARTY. Enter the disease ehock, or heer fai iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Couls	on each ill	ne.	lazar					ultus	rest,	Approximata interval Between Onset and Death
inding physician Hygiene prior to or other traur	SERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c		SEQUENCE OF								
signed by lealth and ws any in	MEDICAL C	PART II. Other eignificent con-	ditiona contributing to de		t resulting i	n the underly	ring ca	use given i	n Part i		RMED?	CC	ERE AUTOPSY FINDINGS WHABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
has been Dept. of h	AN:	DID TOBACCO USE CO						UNCERTA	IN 🗆				
certificate har the State D	SICI	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 EF			OTHER:		☐ Residence	000	ther (Specify)			
After this ce death with the	ВУ РНУ	27. MANNER OF DEATH Natural 5 Pending Accident Investigs			28b. TIMI INJ	URY	INJURY WORK? YES		28d. I	DESCRIBE HOW	INJURY OC	CURED	
after d	ETED	3 Suicide 8 Could no 4 Homicide determin		IJURY — At I (Specify)	home, farm, s	treet, factory, o	ffica			OCATION (Street lity or Town, State		or Rural Rout	e Number,
72 =	OMPL		PHYSICIAN: To the best of my										nd menner as stated.
TO THE FUNERA be list with 7 IMPORTANT: 1) BE o	29b. SIGNATURE AND TITLE OF CER	officen)	1,0	nu	5	290	c. LICENSE N	UMBER		29d. OAT	E SIGNEO (M	orgh, Day, Year)
,]	5	JH. WARIO	N WHO COMPLETED CAUSE	P DEATH OF	EM 27) (Type		o x l	110	1	K	2416	201	nd 51791
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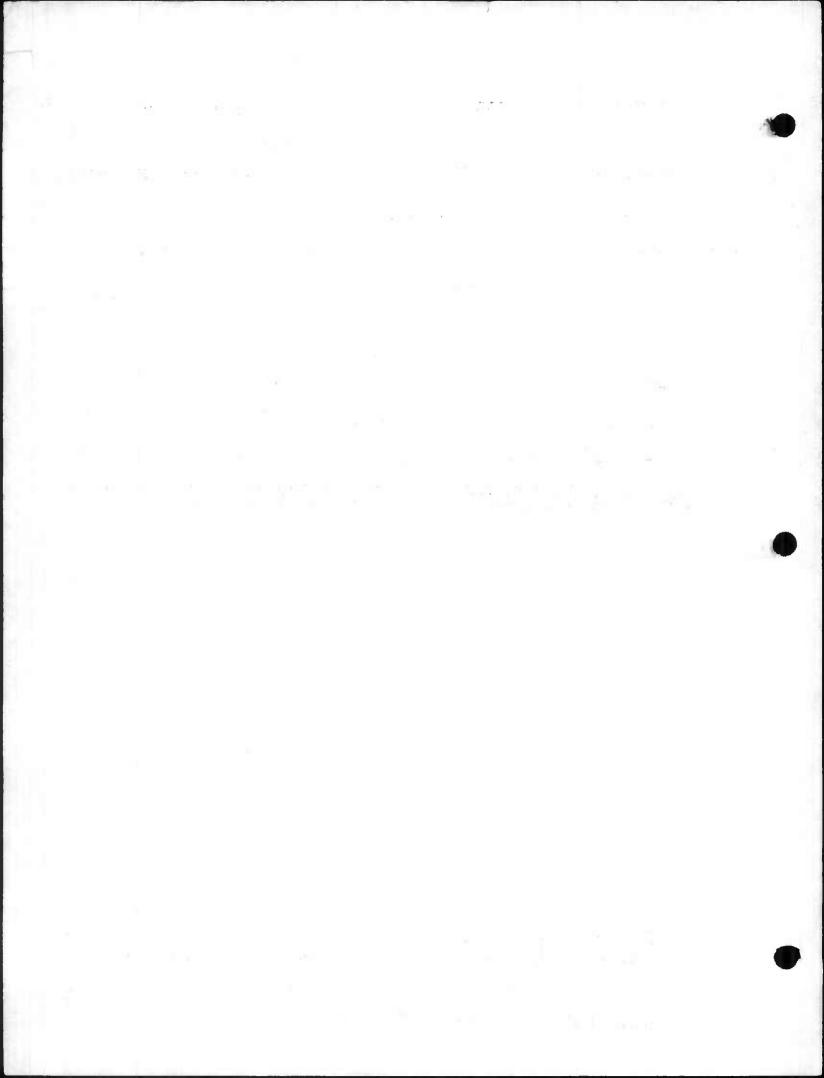


State of Maryland / Department of Health and Mental Hygiene

10434 Item26 4-7-97 FilmG746 W.H.Per Doctor Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 1:09 PM DOROTHY RUST 8, 1997 March /Medical 4e. Fecliity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 502 Oakland Avenue Baltimore If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday). Birthplece (State or Foreign Country) **Funeral** 1□ M 21 F Yrs. September 4,1919 Director 212-224-602 unknown Usual Residence of Deceden the Maryland 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Maryland Director Baltimore 1 No Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21212 U.S.A. 502 Oakland Avenue death Funeral Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 11. Maritel Status 1☑ Never Married 2☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuei Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementery/Secondery (0-12) Coilege (1-4or 5+) permit. Pages 1 and 2 should be filed wi Department of Health and Mental Hygien Important; if them 27 is marked other tha any Injury or other transmission unknown unknown unknown unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) unknown unknown 19e. Intorment's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) unknown 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetery or other plece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetlon 3 ☐ Removei trom State 4 ☐ Donetion 5 ☐ Other (Specify) 1n-state 21. Signeture of Funerel Service Licensee Joseph 22. Name and Address of Facility
State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 23a. Part1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart teilure. List only one cause on each line. Approximete Interval Between Onset end Deeth Physician immediete Ceuse (Finel my ocarlin INFAPOTON disease or condition resulting in deeth) 10 minures Examiner Examiner ATHEMOCCHEMONIC Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) The law requires that the death certificate be exec P.O. Box 68760, Physician/Medical å Due to (or es e consequence of): 85 signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown POAS M Records, ģ 24b. Were autopsy findings evalleble prior to completion of cause ot deeth? Completed 24e. Was en eutopsy performed? ate has b 2 No certificate 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Wes case reterred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 DResidence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient DOA this To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral 28b. Time of 28c. Injury et Work? 27. Menner of De 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 1 Naturel 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end placa, and due to the ceuse(s) end menner steted. 29e. Certifier Medical (Check only one) 29b. Signature and title o 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and add sa of person who completed cause of deeth (item 23e) (Type, Print) A SETON 4820A 31. Dete filed (Month, Day, Year) 32. Registrer's Signature State ha Davidson-Randala Registrar

DHMH 16 Rev 6/95



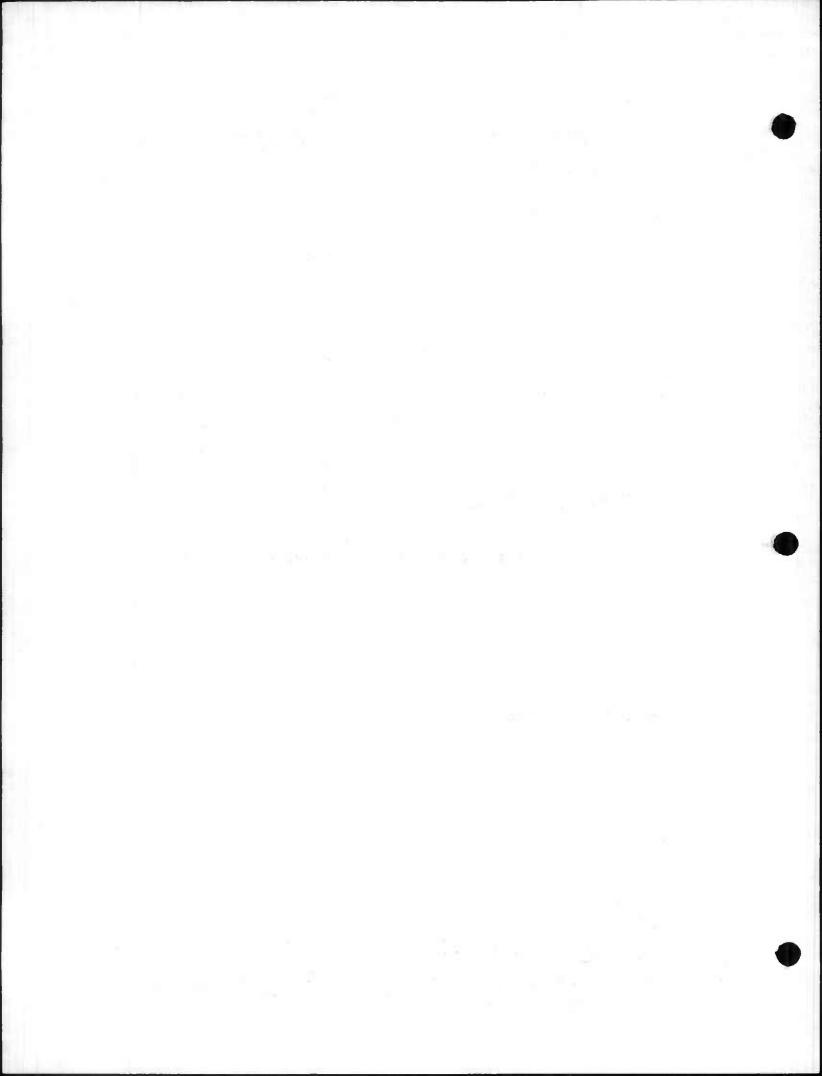
State of Maryland / Department of Health and Mental Hygiene

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					Certificate o	f Death	F	Reg. No.	1 10433
	Physic /Medi		Decedent's Name (First, Middle, L FLOYD SI	ast) MITH			2. Dete of Dea Month	ath Day Y	3. Time of Death
	Exami		4a. Fecility Name (If not institution, g SINAI HOSPI'	TAL E.R.		4b. City, Town, or t BALTIM	ORE	N	
ı	Funeral Director		5. Social Security Number 6. 212-34-5667 Usual Rasidenca of Decedent	Sex 7. Age (In yrs. 1 M 2 F 59	Ist birthday) If Under 1 Yes Months Day		8. Date of Birth (Month, Day	, Year) 9,1937	Birthplace (State or Foreign Country)
	Marylend f show	or	10a. State 10b. County	11	y, Town or Location				10d. Inside €ity Limits
	the 288	rec	10e. Street and Number	- Ou	10f. Zip Code			10g. Citizen of Wh	at Country?
	3a or	Ē	15 N. Kossu	th Street	2120	o a		1151	Δ
0:	is 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Martel Hygiane. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Experiment must be notified at	Funeral Director	11. Marital Status 1 □ Never Married 2 ☑ Merrled	12. Was Decedent Ever in U Armod Forces? 1 ☑Yes 2 ☐ No If Yes, Giva	,S. 13. Was Decedent of If Yes, specify Ct	ban, Mexican, Puert	pecify Yes or No- Rican, etc.)	Bleck,	American Indian, White, etc.
21215-0020	2 hours atural',	ted by	3 ☐ Widowed 4 ☐ Divorcad 15. Decadent's I	Year or Dates:	16a. Decedant's Usual Occ	upation		Specify:	Black
218	thin 7	Completed	(Specify only highest g Elementary/Secondary (0-12)	College (1-4or 5+)	(Give kind of work don lifa. DO NOT use reti	e during most of wor.	king		
	2 should be filed with end Mantel Hygiane. s marked other than aumatic event, the N	Соп	12th grade	2 years	Maintence			Jewish	Communit
Maryland	H doff	Be	17. Father's Name (First, Middle, Las	14- 8-		18. Mother's Nam	ne (First, Middle,	Maiden Surname)	
2	should nd Man marke	To	19a. Informant's Name/Relationship	migh or.	101 11 11 101			ridges	000 - 0 - 040
Ma	end 2 s saith en n 27 is r er traus		Marian Smith	(Type, Print)	19b. Mailing Address (Stre	11 01	1 0	1	111 01000
ē,	f Health tem 27 other tr		20a. Method of Disposition	20b. F	Pleca of Disposition (Name of	uth otre	Date	20c. Location - Ci	Ma ZIZZI ty or Town, State
altimore,	00		1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec	Removal from State	emetery, crematory or other p	aca)	4-7-97	Owings	Mills Md
alti	permit. Peg Department Important: Ii any Injury o		21. Signature of Funeral Service Lice	ensee	22. Name and Add	ress of Facility		000	14170
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			23a. Part1. Enter the disease, or con shock, or heart failura. List ont	implications that caused the death			or respiratory are	rest,	Approximate Interval Between
	Physician /Medical Examiner	J.	Immediata Cause (Final disease or condition resulting In daath)	• • • • • • • • • • • • • • • • • • • •	lerotic Caro	diovascu	lar Dis	sease	Onset and Death
	uted Insit	Examiner		b	ž				1
ć	iceta be executed physicien and s the buriel-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (o	r as a consequence of):				
68760,	ysicie	edical	trat initiated evants	cDue to (or	r as a consequenca of):				
89)	certificeta be executed Iding physicien end Ise as the bunel-transit	Med	resulting in death) Lest						ĺ
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0	that the death ed by the etter detached for u	Physician/	Part II. Other significant conditiona	contributing to death but not res	ulting in the underlying cause (given In Pert I.	23b. Dld te	obecco uaa contr	ibuta to the cause of death
0	that the dended by the educated		Diabetes Mel	litus			1□1	res 2□No 3	Probably 4 Unknow
of Vital Records,	requires been sign should be	Completed by					24a. Was a perfor		24b. Wera autopsy findings availeble prior to completion of cause
Re	hes hes	duc					INSE	PECTION 2X No	of death?
<u>e</u>	ician: Thi certificate rector, pag	0	25. Wes case raferred to medical		·	26 Place of Dog			1 Yea 2 No
ξ	\$ 000	OB	examinar? 1 XIX es 2□ No	Hospital: 1 ☐ Inpatient XX	ER/Outpatient 3□ DOA	ther	th <i>(Check only or</i> ome 5 ☐ Resid	enca 6 Other	(Specify)
	ing After	ation: T	27. Mannar of Daath 1X□Xiatural 5 □ Pending 2 □ Accidant investigation	28a. Data of Injury (Month, Day Yaar)	28b. Tima of 28c. Inj Injury W			ow injury occurred	
Division	or Attend effer deeth Director: / d in by the	Certification:	3 Sulcide 6 Could not datarmined	28a. Place of Injury - At he building, atc. (Specify	ome, ferm, straat, fectory, office	а	28f. Location (S City or Tow	itreet end Number n, Stata)	or Rural Route Number,
	Hospita 14 hours Funeral taly filled	edicai C	29a. Certifier 1☐ Certifying P	hysicien: To the best of my knowniner: On the basis of examinat	wledge, death occurred at the tion and/or investigation, in my	time, date and place, opinion, death occur	and due to the c	ause(s) end mann late end plece, end	ar as stated. d due to the ceuse(s)
	To the within 2 To the comple	Mec	29b. Signatury and title of certifier	and menner stated.	29c. Lice	nse number	1 2	29d. Date signed (Month, Day, Year)
	- 3 + 5 /		1 and	torkel		C.M.E		APRIL 3	
y	1 3		Name and address of person who	complated causa of death (Itam	1 23a) (Type, Print)				

111 Penn Street, Baltimore, Maryland 21201

State Registrar Laron Locke M.D.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Date of Death 3. Time of Death ADY. L Walter Wilbert 6.18 PM 1997 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore City n/a If Under 24 Hrs. 8. Date of Birth S Hours Min. (Modific Per 1997) 1940 Baltimore, APR. 167, 1940 Baltimore, 7. Age (In yrs. ladi birthday) 56 Yrs. Memorial If Undar 1 Yaar 5. Social Sacurity Number 6. Sax 9. Birthplace (Steta or Foreign 214-38-0563 10 M 2□ F Months Days Usuai Residence of Decedant 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 TVes 2 No BALTIMORE MD n/a 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21218 UNITED STATES AVENUE 1110 DARLEY 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 ☐ Yes 2 🔀 🕉 it Yes, Give 1 Never Married 2 XM rried 1 ☐ Yes 2 ☐ No Specify: BLACK 3 Widowed 4 Divorced Year or Dates: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) LOCKS INSULATION WESTERN ELECTRICO 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) ASHTON NETTIE JOHN ASBURY SAMPLE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) DARLEY AVENUE, BALTIMORE, MD ALBERTA SAMPLE 20a. Method of Disposition 20b. Place of Disposition (Name of Date 20c. Location - City or Town, State cematery, cremetory or other plece) 1 X Surial 2 ☐ Cramation 3 ☐ Ramoval from State ARBUTUS MEMORIAL PARK 4-7 ARBUTUS, MD 4 ☐ Donation 5 ☐ Other (Specify) of Funeral Service License 22. Nama and Address of Facility WM.C.MARCCH FH.-1101 E. NORTH AVENUE 23a. Pa 1. Enter the disaase, or complication the shock, or heart tailura. List only one course on Colleged the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest on each line. Approximate interval Between Onset and Daath Immadiata Cause (Final disaase or condition resulting in death) Massine Dua to (or as a consequence of): Respiratory Sequentially list conditions, if any, leading to immediate ceusa. Enter Underlying Cause (Disaasa or injury Metastatic that initiated avants resulting in death) Last Dua to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performad' 2X No 1 Yes 1 Yas 2 No 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) 1 inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28d. Dascribe how injury occurred

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

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Completed

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Examiner

Physician/Medical

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Completed

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Certification:

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29a. Cartifier (Check only

Funeral

Director

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Ilh and Mental Hygis 27 is marked other r treumetic event, t

Department of Health as Important: if item 27 is any injury or other trau strse.

Mental

Pages 1 and 2 should

the Maryla 28a-f show

altimore, Maryland 2121

physician end s the buriel-tren death certificete be execu Division of Vital Records, P.O. Box 68760 **88 88**0 for use es ed by the e page 2 should be peeu this

After death. or Attend sefter death Director: filled in by To the Hospital o within 24 hours ef To the Funeral Di completely filled is

25. Was cese refarred to medical axaminer? 1 Yas 2 No

1 Natural 2 Accident 5 Pending Investigation 3 ☐ Sulcida 4 Homicide

6 Could not ba determined

Date of Injury (Month, Dey Year) 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify)

28b. Time of

28c. injury at Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rurel Route Number, City or Town, State)

Certifying Physician: To the best of my knowledge, daath occurred at tha tima, date and place, and dua to the cause(s) and mannar as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

M.D.

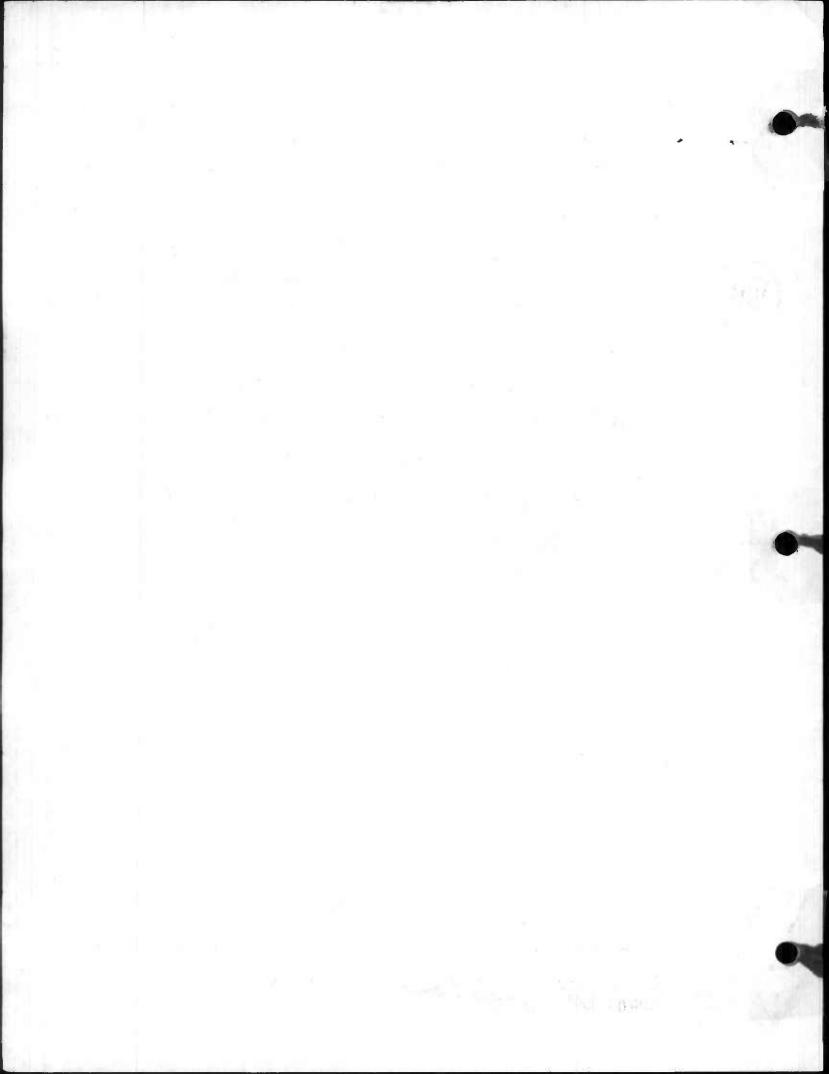
29c. License number

29d. Date signed (Month, Dey, Year)

30. Name and addrass of person who complated ceuse of death (Item 23a) (Type, Print)

IE. University WANG mp

29b. Signatura and title of certifier



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3 Time of Death Dev Vear **Physician** March 31, 1997 Benny 9:26 am /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Franklin Square Hospital Center Rosedale Baltimore If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 3-24-23 5. Sociel Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** Months Deys Hours 1 ☑ M 2 □ F MARYP AND 217-14-0600 74 Vrs Director Usual Rasidance of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits N☐ Yes 2☐ No Directo N/A MARYLAND BALTIMORE 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? the Medical Examiner must be 21221 USA 303 POPLAR ROAD Funeral 12. Wes Decedant Ever In U.S.
Armed Forces?
1 □ ★ 2 □ No
If Yes, Giva
Yeer or Datas: ₩ ₩ I I A R MY "natural", or items Was Decedant of Hispenic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puarto Rican, atc.) 11. Merital Stetus 14. Race - American Indian, Bleck. Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1□ Yas 2 No Specify by 3 Widowed 4 □ Divorced WHITE Completed permit. Pages 1 and 2 should be filed within 72 it. Department of Health and Mercial Hygiene. Important: if flem 27 is inseried other enancy injury or other financial other enancy injury or other financial. 15. Decedant's Education (Specify only highast grade complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) STEEL GRINDER ARMCO STEEL 6 YEARS 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Malden Surname) Be VIOLA BYSTRY LAWRENCE SZYMSKI 19a. Informant's Name/Ralationship (Typa, Print) 19b. Malling Addrass (Street and Number or Rural Route Numbar, City or Town, Stata, Zip Code) MS. LOUISE MAKOWSKI 630 CAMELOTT DR. BALTO. MD. 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 □XBurial 2 □ Cramation 3 □ Ramovel from Stata 4 ☐ Donation 5 ☐ Other (Specify) HOLY ROSARY CEMETERY 4-4-97 BALTO. CO. MD. 22. Name end Addrass of Facility KACZOROWSKI FUNERAL HOME 1201 DUNDALK AVENUE BALTO. MD. 21222 or complication, that caused the death. Do not antar the mode of dylng, such as cardiac or raspiratory arrast, list only one ("unio on each line." 23a. Pert1. Entar tha diséasa, or com shock, or haart failura. List only **Physician** Immediata Causa (Final disaasa or condition rasulting in death) /Medical Myocardial Infarction 4 Days Examiner Dua to (or as a consequence of): Examiner Congestive Heart Failure The law requires that the deeth certificate be executed physician end is the buriel-trans Sequantially list conditions, if any, laading to immediata ceuse. Entar Undarfying Cause (Disaase or Injury thet initiated avants Dua to (or es e consequance of): Division of Vital Records, P.O. Box 68760, Cardiac Arrest Physician/Medical thet initiated avants rasulting in deeth) Lest Due to (or es e consequance of): ettending 980 ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by to 1 Yss 2 No 3 Probably 4 Unknown þ should? 24b. Wara autopsy findings eveilable prior to complation of ceuse of death? 24a. Was an autopsy performed? Completed certificate has b lirector, pege 2 s 1 ☐ Yas 2 ☑ No 1 ☐ Yes 2 ☐ No or Attending Physician: director Be 25. Was cesa refarred to medical axaminar? 26. Place of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidence 8 Other (Specify) Certification: To 1 ☐ Yas 2 ☐ No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funerel 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c, Injury at Work? 28d. Dascribe how Injury occurred After 1 Natural 5 Panding To the Hospital or Attendit within 24 hours efter deeth.
To the Funeral Director: All completely filled in by the fu deeth. 1 ☐ Yas 2 ☐ No 2 Accidant Invastigation 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office bullding, etc. (Spacify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian Medical (Check only one) 29b. Signature and title of certifie 29c. Licanse number 29d. Dete signed (Month, Day, Year) D17347 March 31, 1997 19x 30. Name and addrass of parson who complated ceusa of death (Itam 23a) (Type, Print) Steven Mason M.D. 9101 Franklin Square Drive, Baltimore, Maryland 32 Abgistrar's Sharature 31. Data filad (Month, Day, Yaar) State APR 0 7 1997

DHMH 16 Rev 6/95

Registrar

97-1440-510 97-075

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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tems:	23	party1,27,28	a-f per	MEO	G-746	4/10	/ Certifica	te of	Death

1 Yes 2 No

51512

Approximate Interval Between Onset and Deeth

Physician
/Medical
Examiner

3. Time of Death

0945AM

Funeral

B.K.S

Director

filed within 72 hours eftar daath with tha Meryland ns 23a or 28a-f show must be notified at antural, or item

th and Mental Hygiena.
7 is marked other than "natur traumetic event, the Medical Pagas 1 and 2 should be finant of Health and Mental Health e other Hem = 6 permit. Page Depertment of Important: If any injury or

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

and

Examine the bunal-tran dateched should be d Completed paga 2 funaral director. Be Certification: To To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Aftr complately filled in by tha fur

Hospital or Attending Physician: The law requires that the death certificate be executed

Aftar this

P.O. Box 68760.

Division of Vital Records.

1. Decedent's Name (First, Middle, Last) 10a, State Director 4030 by Funeral 11. Maritai Status

Completed LAN Be Physiclan/Medical by

2. Date of Death Month MARCH 29, 1997 WILLIAM WILSON JR. 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth AM 3101 SWAN DRIVE (DRUID HILL PARK) BALTIMORE 6. Sex 1 M 2 □ F If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 7. Age (in yrs. last birthday) Birthplace (State or Foreign Country) Days 220-50-2036 may 19, 1949 Yrs. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits AM saltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? USA Edgewood 21215 Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 🕅 No 3 ☐ Widowed 4 ☐ Divorced Specify: Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Installer + hepairmen 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Se Daniel Wilson aprie-LURNER 19a. Informant's Name/Relationship (Type, Print) 4030 Edgewood load William D. Wilson SR. tather alto. md 20b. Place of Disposition (Name of cemetery, crematory or other p 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) RUSOD FORES + VETERD 11 ZDUICU 21. Signama of Funeral Service Lica 22. Name and Address of Facility Home tuneral march Are 4300 Wabash Dalto. nter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, r heart failure. List only one cause on each line. Immediate Cause (Final diseese or condition resulting in death) CONTACT GUNSHOT WOUND OF HEAD Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or as e consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evallable prior to completion of cause of death? 24e. Was an autopsy performed?

		1 Yes 2 No 1 Yes 2 N
25. Was case referred to medical	26. Piece of Death	(Check only one)
examiner? NDYes 2□ No	Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing Hor	me 5 Residence 6 Pother (Specify) PARK
7. Manner of Death 1 Natural 2 Accident investigation	28a. Date of Injury (Month, Day Year) found 1/29/97 28b. Time of found 1/29/97 A 9:40 4 28c. Injury at Work? 1 □ Yes XII No	28d. Describe how injury occurred Self inflicted wound
X Suicide 6 ☐ Could not b	99 Olego of Injury. At home form street feeten, office	28f Location (Street and Number or Rural Boute Number

4 - Homicide building, etc. (Specify) In auto 29e. Certifier

City or Town, Stete) 3101 Swan Dr. Baltimore, Md. 1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, dete end place, and due to the cause(s) and manner as stated. *CMedical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier 29c. License number O.C.M.E

29d. Date signed (Month, Dey, Year) MARCH 30, 1997

30. Name and eddress of person who completed cau of death (Item 23a) (Type, Print)

1997

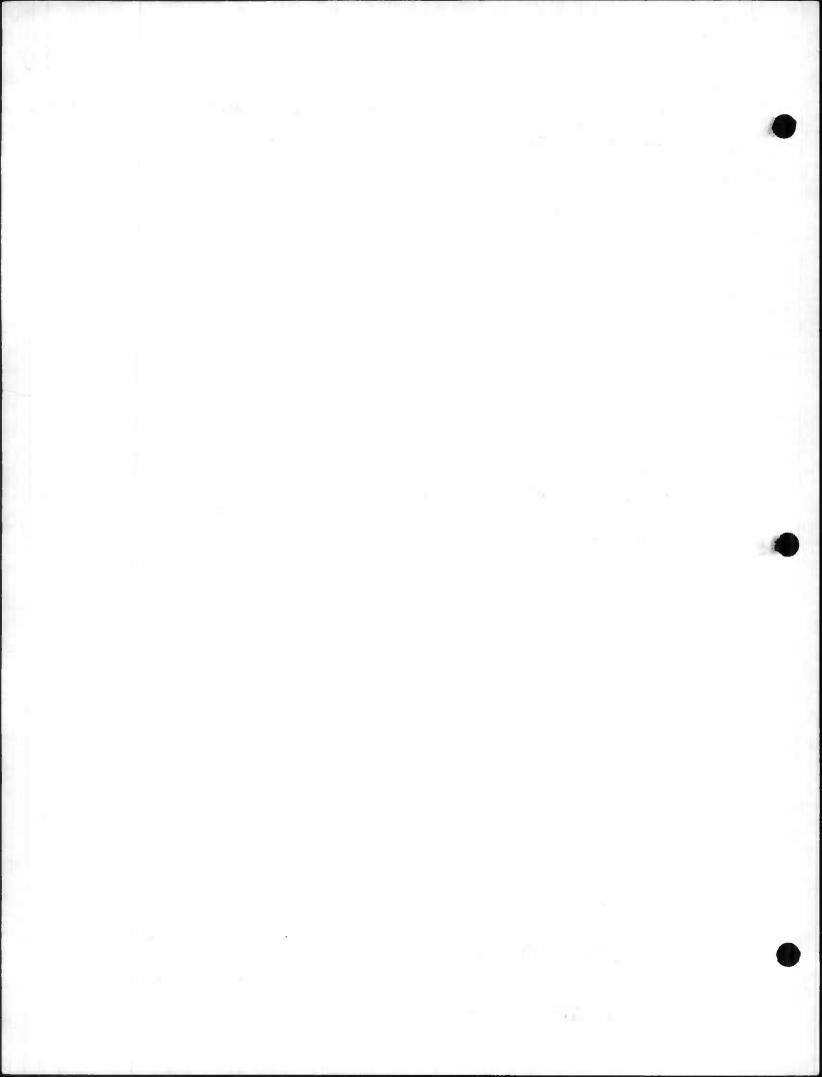
APR 07

RYDNITO 111 Penn Street, Baltimore, Maryland 21201 KOREW 31. Date tiled (Month, Day, Year)

State Registrar

Medical





State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

If Under 1 Year If Under 24 Hrs.

Hours

Deys

NA

USA

Child

10439

Physician /Medical Examiner Funeral

JOSHUA Α. 4e. Fecility Neme (If not institution, give street end number)

NA

1. Decedent's Neme (First, Middle, Last)

WHEELER

2. Dete of Deeth APRIL

3. Time of Deeth Dey 0 2 1997 1903 P

4b. City, Town, or Location of Deeth JOHNS HOPKINS HOSPITAL BALTIMORE

7. Age (In yrs. lest birthday)

4c. County of Deeth

Director

потта 23а

6

natural.

Hygiene. Wher then

permit. Pages 1 and 2 should be file Department of Health and Mantal Hy Important: If Nem 27 is marked othe any injury or other traumatic event.

Baltimore, Maryland 21215-0020

Funeral

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2

traumetic event, the Medical Examiner must be

212-19-4005 Usuel Residence of Decedent 10e Stete 10b. County

5. Sociel Security Number

10c. City, Town or Location Baltimore

Yrs

8. Date of Birth (Month, Day, Year 08-27-87

Birthpleca (State or Foreign Country)
 Md

10d. Inside City Limits

Md Director

10e. Street end Number 2670 Kennedy Avenue Apt. #201

M 2□ F

6. Sex

10f. Zip Code 21218

1 Yes 2 No 10g. Citizen of Whet Country?

12. Was Decedent Ever In U,S. Armed Forces?

Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

14. Race - American Indien,

1 Never Merried 2 ☐ Married 3 Widowed 4 Divorced

Yes 2 No f Yes, Give Year or Detes:

1 ☐ Yes 2 1 No Specify:

Bleck, White, etc. Specify:

Black

15. Decedent's Education (Specify only highest grede completed)

College (1-4or 5+) NA

16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementery/Secondery (0-12) 4th Grade 17. Fether's Neme (First, Middle, Lest)

NATHANIEL WHEELER T. .

18. Mother's Neme (First, Middle, Maiden Sumeme)

19e. Informent's Name/Relationship (Type, Print)

2670 Kennedy Avenue Apt.

Student

Jacqueline Burley 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 21218

Jacqueline Burley

20b. Plece of Disposition (Neme of cemetery, cremetory or other plece)

#201 Baltimore, Md. 20c. Location - City or Town, Stete

20e. Method of Disposition

1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from St 5 Other (Specify) 4 Donetion

Baltimore Cem. 04-08+97

Baltimore, Md.

22. Neme end Address of Fecility Baltimore, Maryland

for the disease, or compositions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, bear failure. List only doe cause on each line.

WM.C. March FH 1101 E. North AVenue 21202

Physician /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Examiner

Examiner

Physiclan/Medicai

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Completed

Be

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Certification:

Medicai

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physician sthe burial

signed by the a d be detached f

peen

certificate

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica

24 hours a

To the within 2

page 2 has

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88 980

Box 68760

P.O.

Records,

Division of Vital

2

Due to (or as e consequence of):

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest

Due to (or es e consequence of)

Due to (or es e consequenca of):

Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Dfd tobacco use contribute to the cause of death?

20 No 1 Yes

3 Probably 4 Unknown

Approximete Intervel Between Onset and Deeth

24e. Was en eutopsy performed'

24b. Were eutopsy findings evelieble prior to completion of cause of deeth?

26. Piece of Deeth (Check only one)

1 ☐ Yes 2 No

anto

Hospital:

1 X Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

28c. Injury et Work?

Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 28d. Describe how injury occurred

1X Yes 2 No 27. Menner of Deeth 1 Naturel

2 Accident 3 ☐ Suicide

4 Homicide

25. Wes cese referred to medical

5 Pending investigation 6 Could not be determined

28e. Dete of Injury (Month, Dey Year) -97 -2 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Time Injury 15

1 Yes

chitomakhy 0124

28f. Location (Street and Number or Rural Route Number, City or Town, State)

700 BIK TWOLY AVE

29a Contilion

J/00 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.
2 Medical Exeminer: On the basis of examination end/or investigetion, in my opinion, death occurred et the time, dete end placa, end due to the ceuse(s) end menner steted.

29b. Signatu

29c. License number O.C.M.E

29d. Date signed (Month, Dey, Yeer) APRIL 03,1997

eddress of person who completed cause of death (Item 23e) (Type, Print) AFON LOCKE

31. Dete filed (Month, Day, Yeer) APR07

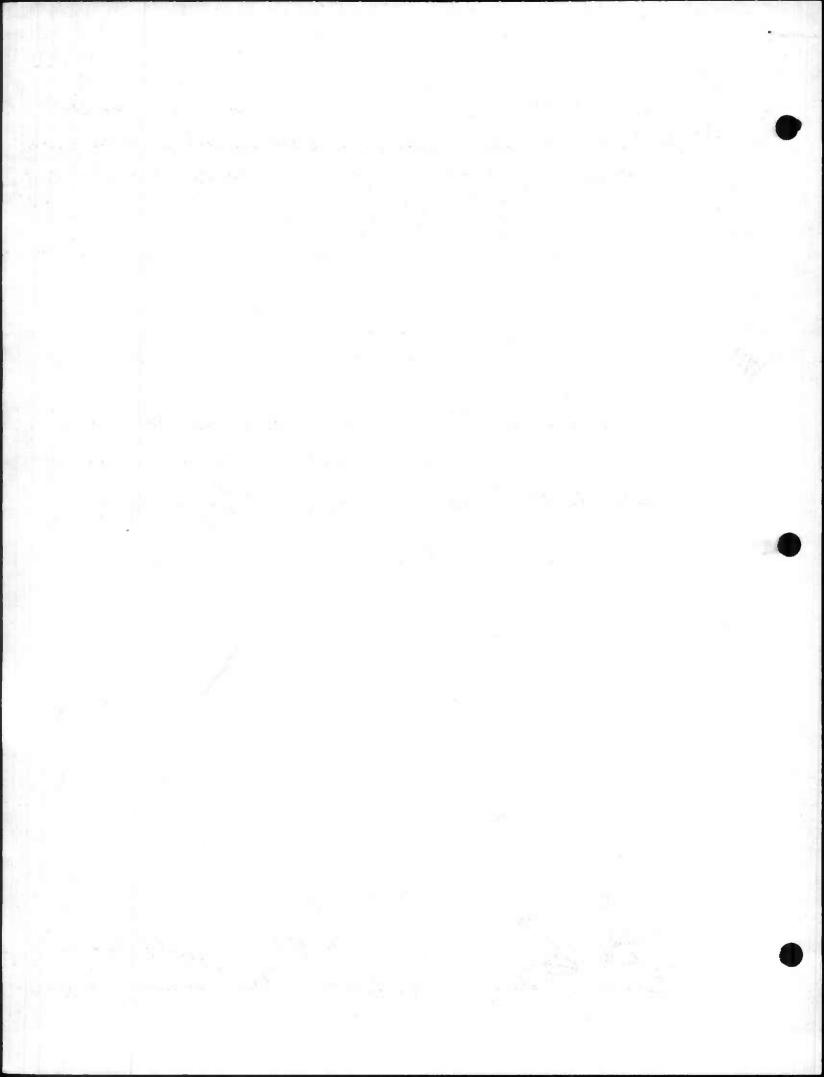
111 Penn Street, Baltimore, Maryland 21201 32 Registrade Signature Man Davidson

State Registrar

State of Maryland / Department of Health and Mental Hygiene

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				State of Marylan		ificate of		Wentarry	Reg. No.	/	U44U
	Physic	i an	1. Decedant's Nama (First, Middla, Last	11				2. Data of Da Month		Yaar 3	3. Time of Daath
S.	/Medi	cal	4e. Fecility Name (If not institution, give	KESSER			4h. City. Town, or	April	4	1997	2045
	Exami	ner	1 1 1 1					PUSTON			6. 1.
1	Formula		Nor thwest Ho 5. Social Sacurity Number 6. Se		ENTEN last birthday)	If Undar 1 Yaar		_		O Richalace	e (Stata or Foreign
	Funeral Director		The second secon	M 2⊠F 72	Yrs.	Months Deys			, 1925	Country)	/irginia
	show show		10e. Stata 10b. County	10c. Cit	y, Town or Loca	ation				10d.	Insida City Limits
	death with the Maryland me 23s or 28s-f show r.must.be.notified.st	호	Maryland Baltimor	re	Hebby	ille					1 ☐ Yas 2 ☒ No
	or 28	Director	10e. Street and Numbar	*		10f. Zip Code			10g. Citizen of V	Whaf Country?	7
	23a Matt		2927 N. Rolling I	Rd.		2124			USA		
-0020	ours after death with the Maryla rest', or thems 23e or 25e-f shor Examiner must be notified at	by Funeral	11. Maritel Status 1 □ Navar Marriad 2 ☑ Married 3 □ Widowad 4 □ Divorced	12. Was Decedant Ever in U, Armed Forcas? 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas:		as Decedent of H Yas, specify Cub □ Yas 2[☑ No	Hispanic Origln? (an, Mexican, Pue Specify:	Specify Yes or No rto Rican, atc.)	Specify	e - American I ck, Whita, atc. White	
20-5	Phone Carl		15. Decedant's Edu	cation	16a. Decada	nt's Usual Occup	pation		16b. Kind of Bu		
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E	200	Be	17. Fathar's Nama (First, Middla, Last)					ıma (First, Middle	, Maiden Suman	10)	
7	200	2	Henry Clay McCon	rmick	10h Meilion	Address (Ctoops		y Mock	Church Town	Carto Zin Co	de l
Mary	17 ls 1						t and Number or F				
ŗ,	f Heal flam 2 other		Edward J. Weckesses 20a. Mathod of Disposition	20b. P	laca of Disposit	tion (Nama of	Ling Rd.	Data	ore, MD	2124 City or Town,	
E C	Pages net: If Its rry or o		1 🖾 Burial 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Othar (Specify)	tamoval from Stata		<i>iton</i> y or othar pla Park Cen	· ·	4-8-97	Woodlaw	m Mar	wland
altimore,	mit. Pa partmen portant: r injury 28.		21. Signatura of Funaral Sarvica Licans	101		Nama and Addra		4-0-57	WOOdlaw	II, Hal	yland
8	901.8		John K /	Aner I			ers Funer				22
		1	23a Pant Enter tha disaese, or compliance, or haart failura. List only or	ications thet caused tha daati						Ap	proximata arval Batween
	Physician /Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in daath)	LUNG	CANCE						nsat and Death
		je.		Dua to (o	r as a consaqua	anca of):					
•	tificate be executed ig physician end as the buriel-trensit	Examiner	Sequantially list conditions, if any, leading to immediate	Dua to (o	r as a conseque	ance of):				1	
68760,	siciar siciar s buri	edical	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants	Due to (or							
	\$ 0 ë		resulting In daath) Last		r as a conseque	ince or).					
Вох	attending	clar	D-11 01 11 11					1			
P.O.	law requires that the death cer as been signed by the attendir s 2 should be detached for use	Physician/N	Part II. Other afgnificant conditiona cor	ntributing to daath but not rast	uting in the und	anying ceusa gr	van in Part I.		Yes 2 No	3 Probabl	e causa of death?
rds,	uires tha	d by						24a. Wes	an eutopsy	24b. Wara	autopsy findings
Vital Records,	e law require has been sig ge 2 should b	Completed						perf	ormed?	comple of daa	bla prior to ation of cause th?
a	E e e		W					1 🗆		1 □ Ya	as 20 No
₹ ×		o Be	25. Was casa rafarrad to madical axaminar?	lospital: 1 Shpatiant 2	F6/0-1-11-1	oct post Oth	nar:	ath (Check only			
on of	£ C=	-	27. Mannar of Paath Natural 5 Panding 2 Accidant Invastigation	28a. Data of Injury (Month, Day Yaar)	ER/Outpatlant 28b. Tima of Injury	28c. fnju	4 Liversing	Homa 5 ☐ Ras 28d. Dascribe	how Injury occur	100	
Division	To the Hospital or Attending Pi within 24 hours efter death. To the Funeral Director: After the completely filled in by the funera	Certification:	3 Suicida 6 Could not be datarmined	28a. Placa of Injury - At ho building, atc. (Spacify	oma, farm, straa /)	t, factory, offica		28f. Location (City or To	Streat and Numb wn, Stata)	er or Rural Ro	outa Numbar,
	Hospital or 24 hours efte Funeral Directely filled in	edicai	29a. Certifiar (Check only one)	aician: To the best of my knowner: On the basis of examinat and manner stated.	wledga, daath o ion and/or inva	occurred at tha til stigation, in my o	ma, data and place opinion, daath occ	e, and dua fo tha urred at tha tima,	causa(s) and ma data and placa,	innar as stated and dua to the	d. a causa(s)
	To the within 2 To the comple	Me	29b. Signetura and title of confill or	7		29c. Licans	sa number		29d. Date signe	d-(Month, Day	, Year)
			TOMA			D4	5467		Mail 4	1997	_
	6		80. Name and addrass of pare who po	ted causa of daath (Itam	23a) (Type, Pr				7		
			DRIAN 10	Amra	401	BRETTE	on HI	ALE I	AcTimur	e Mi	81212 C
	Sta Registr		31. Date filed (Month, Day, Year)	32. Registrar's Signa	tura mola er					,	



State of Maryland / Depart

artment of Health and Mental I	Hygiene	0	7		n	1.
rtificate of Death	Reg No)	1	- 1	U	1.3

Physician /Medical Examiner

BERNADETTE

Social Security Number

1. Decedent's Neme (First, Middle, Last)

2. Date of Deeth Month

3. Time of Deeth

4e. Fecility Name (If not institution, give street end number) 2436 LAKEVIEW AVENUE

WILLIAMS 4b. City, Town, or Location of Deeth

Deys

APRIL 2,

Yee 1997 3:14PM

Funeral Director

28a-f

8 #23a

2121

Baltimore, Maryland

1 and 2 should be fill fealth and Mental H im 27 is marked oth

ord 2 ort: If ham 27 is vor pt

Physician /Medical

Examiner

burial-transit

USB BS

page 2 should Completed

certificate

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director; p

The law requires that the death certificata be executed

P.O. Box 68760,

Division of Vital Records,

Examiner

Physician/Medical

þ 8

Be

Certification: To

Medical

Pages 1

220-92-9390 Usuel Residence of Decedent 10e. Stete 10b. County

Months 35 Yrs.

If Under 1 Year | If Under 24 Hrs.

Months | Deys | Hours | Min. 8. Date of Birth (Month, Dey, Year) 5-3/-6

 Birthplece (State or Foreign Country) LANG

Director

Funeral

by

Completed

Be

NI

10c. City, Town or Location BALTimore

7. Age (In yrs. last birthday)

10d. Inside City Limits 1 Pres 2 No

10e. Street end Number

ALLOW AVE

1 M 2 D

2121

10f. Zip Code

10g. Citizen of Whet Country?

4c. County of Deeth

2223

1 P Never Married 2 Merried 3 ☐ Widowed 4 ☐ Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:

 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1□ Yes 21 No

BALTIMORE

 Race - American Indien, Bleck, White, etc. Specify: BLACK

15. Decedent's Education (Specify only highest grade completed)

16e. Decedent's Usuel Occupetion
(Give kind of work done during most of working life. DO NOT use retiged)

16e. Decedent's Usual Occupation

16e. Decedent's Usual Occupation

16e. Decedent's Usual Occupation

16e. Decedent's Usual Occupation

16e. Decedent's Usual Occupation

16b. Kind of Business/Industry

Elementary/Secondery (0-12) 3

College (1-4or 5+)

Gystoridian

Ction JAN, TOTIAL

17. Fether's Neme (First, Middle, Last)

Edward WILLIAM 18. Mother's Name (First, Middle, Maiden Surneme) BAYDAYA CLARK

19e. Informent's Neme/Reletionship (Type, Pnint)

19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 3 CALLOW AVE. BALLO

W/ 11 n m - Worth ext 22 2 3 CAC
on 20b. Place of Disposition (Neme of commettery, cremetory or other place) BAYBOVA Method of Disposition

1 Buriel 2 Cremetion 3 Removal from State

20c. Location - City or Town, State

21. Signeture of Funeral Service Licenses

4 ☐ Donetion 5 ☐ Other (Specify)

1/8/97 Fecility roadway BALTS. md. 2/2/3 P.C. FUNERAL MILLER Approximete Intervel Between Onset and Dact deeth. Do not enter the mode of dylng, such as cerdiac or respiratory errest,

Date

Immediete Ceuse (Finel diseese or condition resulting in deeth)

Due to (or es e consequence of):

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last

Due to (or es e consequence of)

Due to (or es e consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 2 0 No 3 ☐ Probably 4 ☐ Unknown 1 Yes

24a. Wes en eutopsy performed?

24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth?

25. Wes cese referred to medicel 1 X Yes 2 □ No

27. Manner of Deeth

1 Netural

2 Accident 3 Suicide

Homicide

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 5 Pending Investigation

28b. Time of

Other: 4 Nursing Home 5 Residence 6 Mother (Specify) 28c. Injury et Work? 1 ☐ Yes 2 No

28d Describe how Injury occurred Subject Stangledas

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) YAKO TOUND IN

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Four 2436 Leterien Ave

29e. Certifier

1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Dey, Year)

26. Plece of Death (Check only one)

29b. Signalitie and title of certifie

6 Could not be determined

O.C.M.E.

APRIL 3, 1997

and eddress of person who completed ceuse of death (Item 23e) (Type, Print)

J. LARON LOCKE M.D. 111 Penn Street, Baltimore, Maryland 21201

State Registrar

2

31. Dete filed (Month, Day, Year) APR 0 7 1997



Hay

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0442 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Apr 04 Pay George F. Yeager, 6:30AM /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 213 Magothy Beach Road Pasadena 5. Social Sacurity Number 6. Sex 1 ⋈ M 2 ☐ F If Undar 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) **Funeral** Birthplaca (Stata or Foraign Country) Hours 212-09-1234 Yrs. Director 81 DEC. 10,1915 Connecticut Usual Rasidanca of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Directo MARYLAND ANNE ARUNDEL PASADENA 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 213 MAGOTHY BEACH ROAD 21122 Completed by Funeral USA Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Raca - Amarican Indian, Bleck, Whita, atc 1 Navar Married 2 Marriad 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: 1 ☐ Yas 2 ☑ No Specify: Specify: WHITF 3 ☐ Widowad 4 ☐ Divorcad 21215-00 15. Dacadant's Education (Specify only highest grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry 72 filed within Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12 <u>Machine Shop Foreman</u> Glass Company Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surname) and Dear and Mental F Be Pages 1 and 2 should be **GEORGE** F. YEAGER JR. ESTELLE NAGLE 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) nt of Health a If Itsem 27 is or other tra DOROTHY A. YEAGER spouse 213 MAGOTHY BEACH ROAD PASADENA, MARYLAND 21122 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, cramatory or othar placa) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Spacify) rtant: H METRO CREMATORY INC BALTIMORE, MARYLAND 21. Signatura of Funeral 30 STALLINGS FUNERAL HOME P.A. 3111 MOUNTAIN ROAD PASADENA. Jr 23a. Part1. Enter the disease, or complications the caused he death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Arteriosclerotic Heart Disease Unk **Examiner** Dua to (or as a consaquance of): Examiner or Attending Physician: The law requires thet the death certificete be executed the buriel-transit Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting in deeth) Last Dua to (or es e consequança of): Box 68760. ettending physician Physician/Medical Dua lo (or as e consequança of): signed by the ettending p d be detached for use es Part II. Other significant conditione contributing to death but not rasulting in the underlying cause given in Part f. Division of Vital Records, P.O. 23b. Did tobacco uaa contributa to the causa of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Completed by 24b. Wara autopsy findings eveilabla prior to completion of causa of daath? 24a. Was an autopsy performed? certificate 1 Yas 2 No 1 Yas 2 No Be 25. Was casa rafarrad to medical 26. Placa of Death (Check only ona) 1 Yas 2 No 2 Othar: 4 ☐ Nursing Homa 5 凝 Rasidanca 6 ☐ Othar (Spacify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Data of Injury (Month, Day Year) 27. Mannar of Daath Certification: 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 1 X Naturel 5 Panding death. 1 TYas 2 TNo Invastigation 2 Accidant To the Hospital or Attend within 24 hours after death To the Funeral Director: In by the 6 Could not be datarmined 3 Suicida Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida edicai 29a. Cartifiar 1 Certifying Physician: To tha bast of my knowladga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated. 2 Medical Examinar: On the basis of examinetion and/or invastigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated.

29c. License numbar

695 America Court

D 06054

21035

N Deputy

ted causa of death (Itam 23a) (Type, Print)

29d. Data signad (Month, Day, Yaar)

04 - 94 - 97

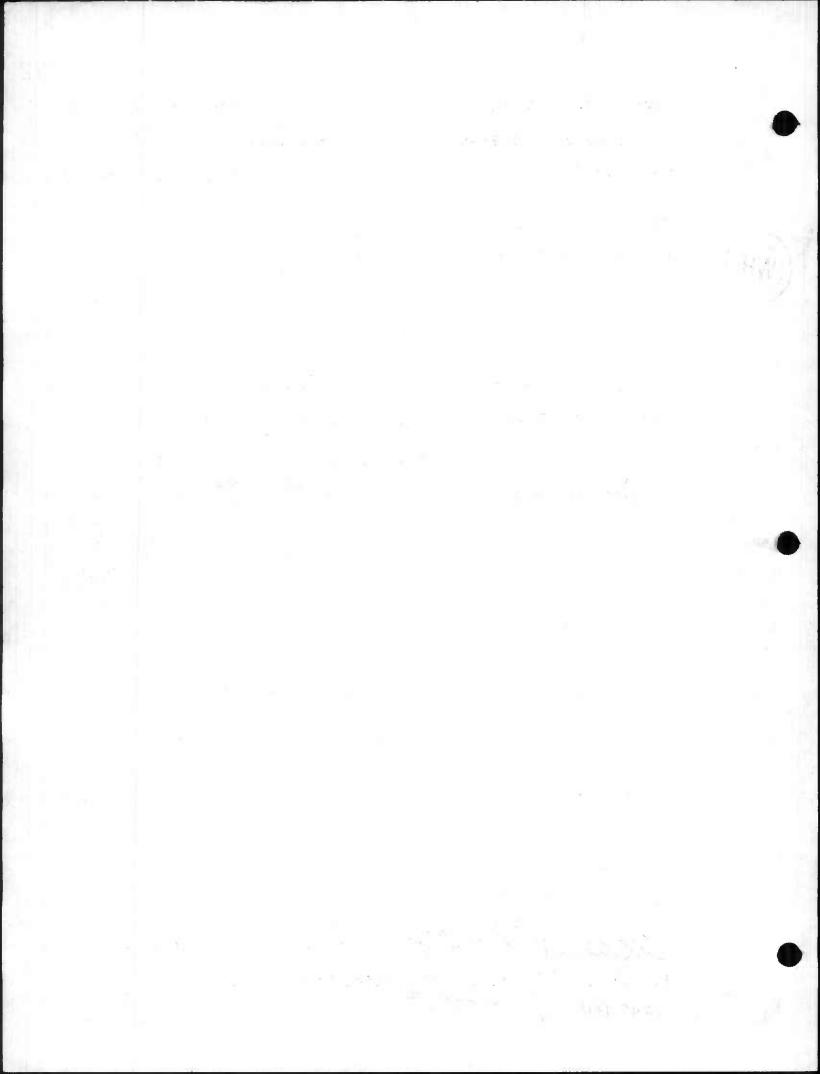
State Registrar

30. Nama and addrass of person who come

29b. Signatura and titla of cartifiar



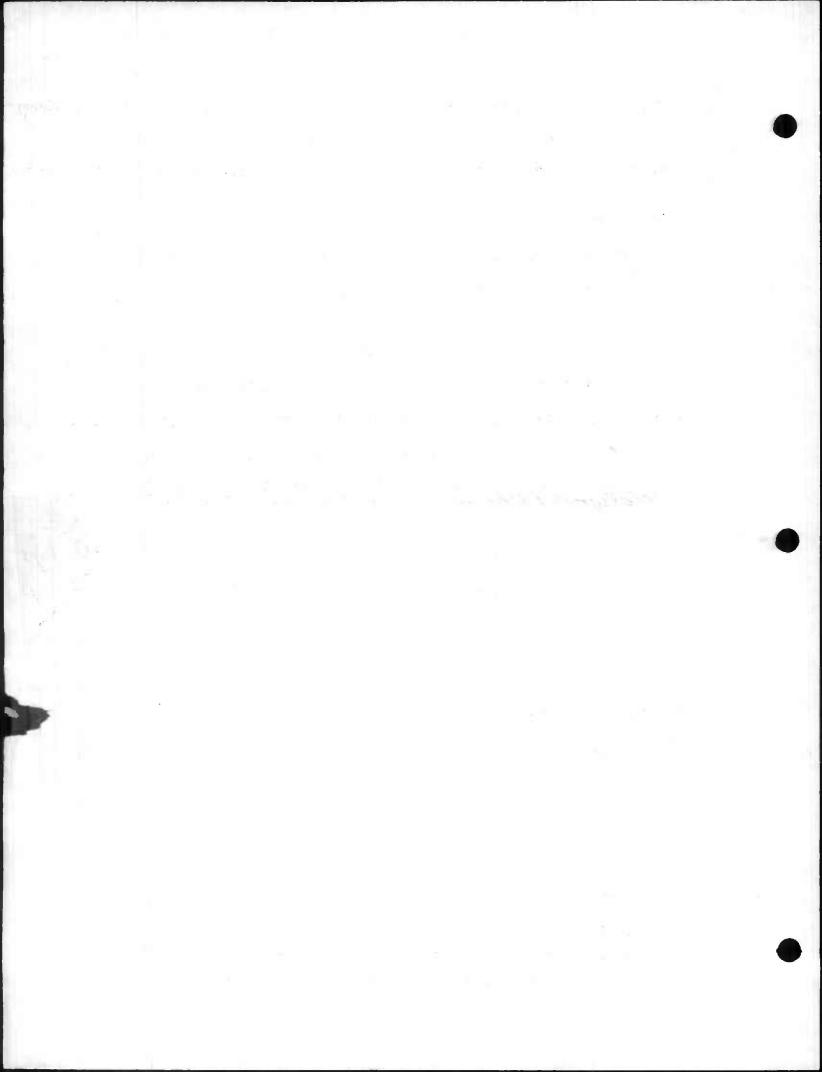
William P. Jonés, M.D.



				State of Ma	arylan		partment of ertificate or	Health and N		iene 9	1	0443
			1. Decedent's Name (First, Middle	Last)					2. Dete of Deet			3. Time of Death
н	Physic		WILLIAM BLA	IR ALEXAN	DER				APRIL	4 199	7 Yeer	11.40pm
Y	/Medi Examir		4a. Fecility Neme (If not institution,	give street end number)				4b. City, Town, or L		4c. County		11
	Exami		MANOR CARE R	UXTON				TOWSON		BALT	TIMOF	RE
	Funeral		5. Sociel Security Number		e (In yrs.	last birthda	y) If Under 1 Yea Months Dev		8. Dete of Birth			
ш	Director		215030594	15€M 2□ F 8	0	Yrs.	Wonths Dey	s Hours Min.	8. Dete of Birth (Month, Dey, 06-01-	1916	WEST	ace (Stete or Foreign try) VIRGINI
	Pu		Usuel Residence of Decedent 10a. Stete 10b. County		100 City	v. Town or	Location				140	
	sho	č	,	TWODE							10	od. Inside City Limits 1 ☐ Yes 2 ☐ No
	hours after death with the Marylend turel', or feme 23a or 28a-f show at Examinet must be notified at	Director	MD BALT 10e. Street end Number	IMORE		TOWS	ON 10f. Zip Code			0g. Citizen of \	AM C	
	with a or			11.01.00.00			,		-			ury r
	s 23	Funeral	7001 NORTH C1	12. Wes Decedent		S 12		204	pacifu Vac or No-	U.S.A	• America	an Indian
	ftar d	5	1 Never Married 2 Marrie	Armed Forces?		If Yes, specify Cuban, Mexican, Puerto Rican, etc.)					ck, White,	
020	urs a	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Detes:		1 ☐ Yes 2 🗷 No Specify:					WH	ITE
21215-0020	"natural",		15. Decedent's			16e. Dec	edent's Usuel Occ	upation		16b. Kind of B		
7	within 72 ene. then "nat	pie	(Specify only highest Elementary/Secondery (0-12)	grede completed) College (1-4or 5	i+)	life.	e kind of work don DO NOT use retir	e during most of work red)	king			
		Completed	12		,	IN	VESTOR			INVES	TING	
and	be filed ntal Hygi od other event, t	Be	17. Fether's Neme (First, Middle, L	,				18. Mother's Nam	ne (First, Middle, I	Aeiden Suman	ne)	
Z		2	CHARLES ALEX	CANDER				MARGA	RET MOS	SS		
Mar	C/ 4 2 8		19e. Informent's Neme/Relationsh		2.1			et end Number or Ru				
	of Health itam 27 other to		CLAY RICHARDS	SON (frien	-		DEMERA]	LD RIDGE				,MD.21158
10	8 = 5		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion	3 □Removel from State	C	emetery, cr	ematory or other p			20c. Location -		
	Dallimore, permit. Pages 1 ar Depertment of Hear mportant: if itam: any injury or other page.		4 Donetion 5 Other (Sp.		S				4/07/97	OWIN	GS M	ILLS, MD.
g	permit. Pa Depertmer Important: any injury		21. Signeture of Funerel Service L	censee			22. Ne <i>m</i> e end Add HENRY W	ress of Fecility • JENKIN	IS & SO	NS CO.		
	23244		William!	. lan-	11-		4905 YO	RK RD. E	BALTO.,	MD. 21		
		ď.	23a. Pert1. Enter the diseese, or of shock, or heart feilure. List of	omplications thet caused nly one ceuse on each iir	the deeth	n. Do not e	nter the mode of dy	ring, such es cerdiec	or respiretory erro	est,	į	Approximete Intervel Between
	Physician /Medicai		Immediate Ceuse (Final	D		4					1	Onset end Deeth
	Examiner		disease or condition resulting in deeth)	· neu	mo	nia						days
L		e			1		equence of):		-1			20 days
	cate be axecuted physician end the burial-transit	Examine	Commentally that are distance	b. Cer	-	0 V 9 J	equence of):	accids	2nJ		i •	a days
'n	be axecuted ician end burial-transit		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying		D00 10 (01	es e cons	equence or).					,
2/20	ate be hysicia the bu	dical	thet initieted events	c	Due to (or	es e conse	equence of):				-	,
O	certifica nding ph use es th	0	resulting in deeth) Lest		,		,,					
DOX	th cel	an		d								
5	v requires that the death certific been signed by the ettending p should be detached for use es	by Physician/M	Pert II. Other significent condition	s contributing to death bu	ut not resu	Iting In the	underlying cause (iven in Pert I.	23b. Did to	bacco use co	ntribute to	the cause of death?
r.	that the led by the detache	Phy	Parkinson	Disease					1 □ Y	es 2 XNo	3 Prob	ably 4 Unknows
S,	res th		Jarrinons	013 CASE							1	
Cord	requires ween sign hould be	Completed	Dapression						24e. Wes e perform	n eutopsy ned?	eve	re eutopsy findings illeble prior to apletion of cause
CC	law les b	nple	9101								of d	leeth?
	The la	Co							1 □ Ye	s 2A No	1 🗆	Yes 2□ No
VII	Physician: The law this certificate hes t ral director, page 2 s	Be	25. Was case referred to medical exeminer?	Hospitel:			10		th (Check only on	Θ)		
5	phy this al c	: To	1 ☐ Yes 2 26No	1 LI Inpatie		ER/Outpation	ent 3LI DOA		ome 5 Reside)
Sion	th. : Aftar • funer	tlon:	10 Naturel 5 ☐ Pending	28e. Dete of Injui (Month, De)	Year)	28b. Time Injury	W	ork? ☐ Yes 2 ☐ No	28d. Describe ho	w injury occur	r o u	
N S		ficati	3 ☐ Sulcide 6 ☐ Could no	t be Door of Init	ary - At ho	me, ferm, s	treet, factory, office		28f. Location (St		er or Rural	Route Number,
É	(00)	Certifi	4 Homicide determin	building, etc					City or Town			
		calc	29a. Certifier 12 CertifyIng	Physicien: To the best of	of my know	vledge, dea	th occurred et the	time, dete end plece,	end due to the co	euse(s) end me	enner es ste	eted.
JE.	No State	edic	(Check only 2 Medical E	caminer: On the basis of more menner ste	exeminet	ion end/or l	nvestigetion, In my	opinion, deeth occur	red et the time, d	ate end place,	end due to	the ceuse(s)
	To the Within To the	ž	29b. Signature and titleror certifier	^ /)	1			nse nu <i>m</i> ber	2	9d. Dete signe	d (Month, L	Dey, Year)
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7801 YORK RD. TOWSON, MD. 21204.

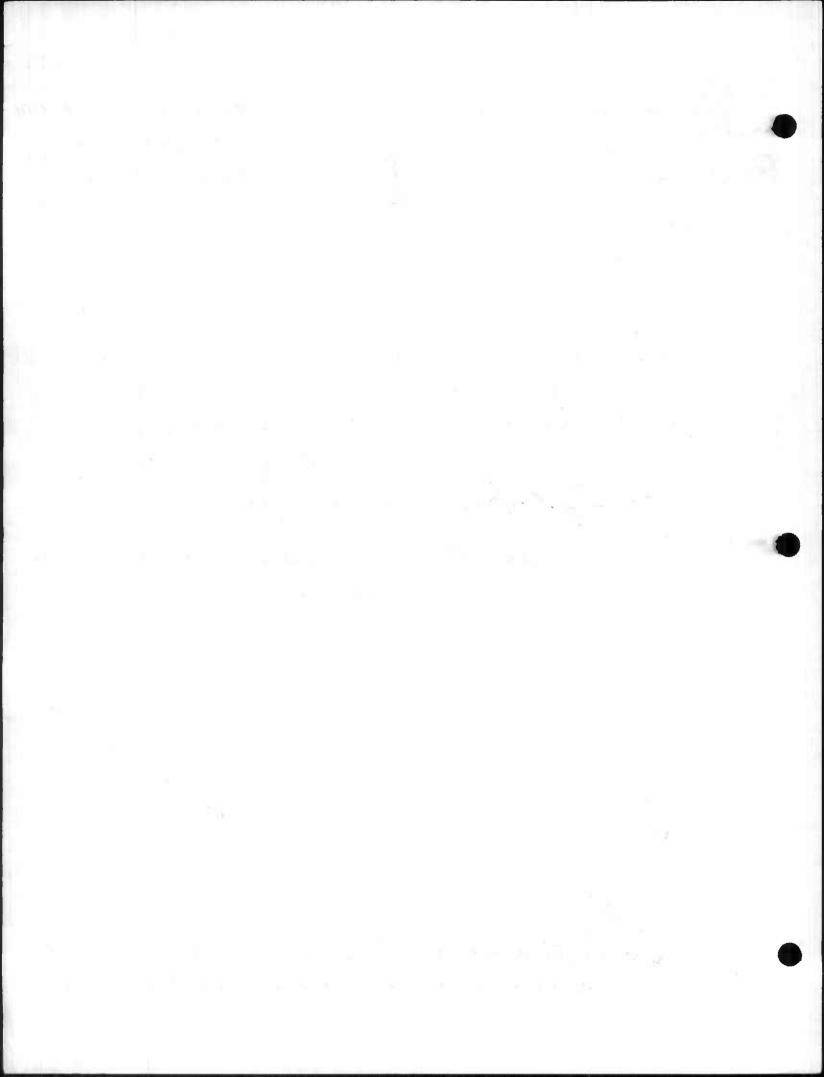
State Registrar ROBERT GOODWIN M.D.



State of Maryland / Department of Health and Mental Hygiene

97

				Cer	tificate of	Death	Re	g. No.		
		1. Decedent's Neme (First, Middle, I					2. Dete of Deet			3. Time of Deeth
	ician	LOONIN	mal B.	LLUP	5		MARCA	Dey 2	1997	114001
	dical	4e. Fecility Name (If not institution, g	ive street end number)	000		4b. City, Town, or Lo	ocation of Death	49) County		11 Form
Exam	niner			,			11stow	1/	OI DOOR	.06.
		8000Woodgate 5. Sociel Security Number 6.	Ct. Apt C		W.I			PHI	4 (//	OKY
Funer		5. Sociel Security Number 6.	Sex ↑ 7. Age (In	yrs. lest birthday)	If Under 1 Year Months Days		8. Date of Birth (Month, Dey,	Year)	9. Birthpled	ca (State or Foreign
Direct	or	212-46-0724 Usuel Residence of Dacedent	50)Yrs.			Oct.2	1946		yland
ъ.										
how how		10e. Stete 10b. County	100	c. City, Town or Loc					10d.	. inside City Limits
Ma	50	Maryland Bal	timore		Randa	11stown				1 Yes 2 □ No
1 28 P	Director	10e. Street end Number			10f. Zip Code		10	g. Citizen of	Whet Country	17
1215-0020 within 72 hours after death with the Maryland ene. Than 'netural', or ferms 23a or 28a-f show the Medical Examiner must be notified at	0	0000 77	-						SA	
eath	Funerai	8000 Woodgate 11. Maritei Stetus	Ct. 12. Wes Decedent Ever	in 11 C 12 M	2120	7	acif. Van ar bin		e - American	In does
P of d	5	17. Maritel Stetus	Armed Forces?	iii 0,3.	Yes, specify Cut	Hispenic Origin? (Spe ben, Mexican, Puerto	Ricen, etc.)	Ble	ck, White, etc	indien,
20 s aft	by F	1 Never Merried 2 Narried 3 Widowed 4 Divorced		1	☐ Yes 2☐No	Specify:		Specifi	v:	
5-0020 72 hours at natural, or acal Example			Yeer or Dates:		X				B1a	ack
72 T	Completed	15. Decadent's (Specify only highest of	Education rade completed)	16e. Deced	ent's Usuei Occu	pation during most of worki	ina 1	6b. Kind of B	usiness/Indus	stry
2121 d within giene. or than "	ğ	Elamentary/Secondary (0-12)	Collega (1-4or 5+)	'life. D	O NOT use retire	during most of workingd)				
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e filed ii Hygid other	Be (17. Fether's Neme (First, Middle, Las	st)			18. Mother's Name	(First, Middle, N	la <i>iden Sum</i> en	ne)	павеше
Maryland 212 d 2 should be filed with th end Mental Hygiene. 7 is merked other than traumetic event, he is	To	Eugene Bil	luns Jr.			Sarah	Cooper			
laryla 2 should lend Menis marked	-	19a. informent's Name/Reletionship		19h Mailin	n Address (Stree	t end Number or Rure			State Zin Co	ade l
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Marylan (Health and Mental Hygiene. If Health and Mental Hygiene. If Health and Mental Hygiene. Other transition of the Marylan Control of the Marylan other transition and the Marylan Examine must be notified as										
1 and 2 Health em 27 I		Betty Billups	rarker-sis	Ob. Place of Dispos	Brish	ane Rd.B				
Pages nent of h		20a. Method of Disposition 1 ■ Burial 2 □ Cremation 3		cemetery, crem	etory or other pla	ice)	Dete 2	Oc. Location -	- City or Town	, Stete
Baltimore, N permit. Pages 1 and Department of Health Important: If item 27 any Injury or other tr		4 ☐ Donetion 5 ☐ Other (Spec		Arbutus	Memor	ial Park	4-8-97	Ba1t	o.Md.	
mit.	9	21. Signature of Funeral Service Lic			Name end Addr		ple Fu			
Bal Depa Impo	- SDC		-				•			
		23a. Part1, Prier ne diseasa, a co	suy~		502 Wi	nner Ave	enue Ba	Itimo		d 21215
		231 Parti. Priter ne diseasa, il co about, or heart feilura. I st onl	mplications that caused the y one ceuse on aach lina.	deeth. Do not ente	r the mode of dy	ing, such es cardiac o	or respiretory erre	st,	In	pproximete itervai Between
Physicia	_	Description of the	A					0	1	nset and Death
/Medic		Immediate Cause (Final disease or condition	ARTGR	Sala	PATIO	Carla	NACC 12.	1000	roos.	Chars
Examine	er	rasulting in deeth)	a. Due	to (or as a consequ	leuce of).	C/7/090	U FFE C P	17/1		1
	<u>je</u>		a. ARTER Due Dia Bu	-/-	- <i>(</i> /	1				1.200
uted	Ē		b. 6. H 60	og Es	malli	105			+ 7	71117
ox 68760, certificate be executed iding physician and ise as the burial-transit	Examiner	Sequentielly list conditions, if eny, teeding to immediate cause. Enter Underlying Cause (Dissesse or injury	Due	to (or es a consequ	ience or):				1	
68760, ficate be ex physician is the buria		Cause. Enter Underlying Ceuse (Diseese or injury	c							
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oertific ding p	Me								i	
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- 0 0 0	Physician	Pert ii. Other eignificent conditions	contributing to death but no	t rasulting in the un	deriving cause of	ven in Pert i	23b. Did tot	acco use co	ntribute to th	ne cause of death?
the de by the tached	ķ				,,					
a Pag							1010	s 2 No	3 Probab	bly 4 hknow
Records, P.O le law requires that the has been signed by th tge 2 should be detache	d by						040 18/00 00		24h Mara	autopsy findings
cord requir been s should	Completed	}					24a. Wes an perform	ed?	avalia	able prior to
Rec e law has t	Ē								of das	ath?
E 5 5 5	6						1 ☐ Ya	2 DNO	1 🗆 Y	res 2 No
	0	25. Wes case refarred to medical				26. Pleca of Deeth		- A		
	0	exeminer? 1 Yes 2 No	Hospitel:	2∏ ED/0 4: -1':	of soul Ot	her:	^		STA ENG	
Phys reldi	F	27. Mannes of Deeth	1 ☐ inpatient 28a. Date of Injury	2☐ ER/Outpetient 28b. Time of	3 DOA		me 5 Aesider		er (Specify)	
	<u>5</u>	1 Neturel 5 ☐ Pending	(Month, Day Yes	injury	28c. Inju		28d. Describe hor	w injury occur	190	
S eath	cat	2 Accidant investigati 3 Suicide 6 Could not			M 1	Yes 2□No				
DIVI	#	3 ☐ Suicide 6 ☐ Could not detarmine	28e. Placa of injury building, etc. (Sp		et, factory, office	3	28f. Location (Str. City or Town,		per or Rurel R	oute Number,
	Certification:			,,,			,			
Hospital 24 hours Funeral I		29a. Certifiar	hyeician: To the best of my	knowladga, daath	occurred et tha ti	me, date end pleca, e	end due to the ce	use(s) end ma	annar as state	ed.
_ (V _ 0	edicai	(Chack trail) 2 Medical Exe	miner: On the basis of exar end manner steted.	minetion end/or inve	estigetion, in my	opinion, deeth occurre	ed et the tima, da	te and placa,	end dua to th	e ceusa(s)
d is the	Z	29b. Signature and Itie of counties	\$ ·		29c. Licen	se number	29	d. Date signe	d (Month. De	v. Yeer)
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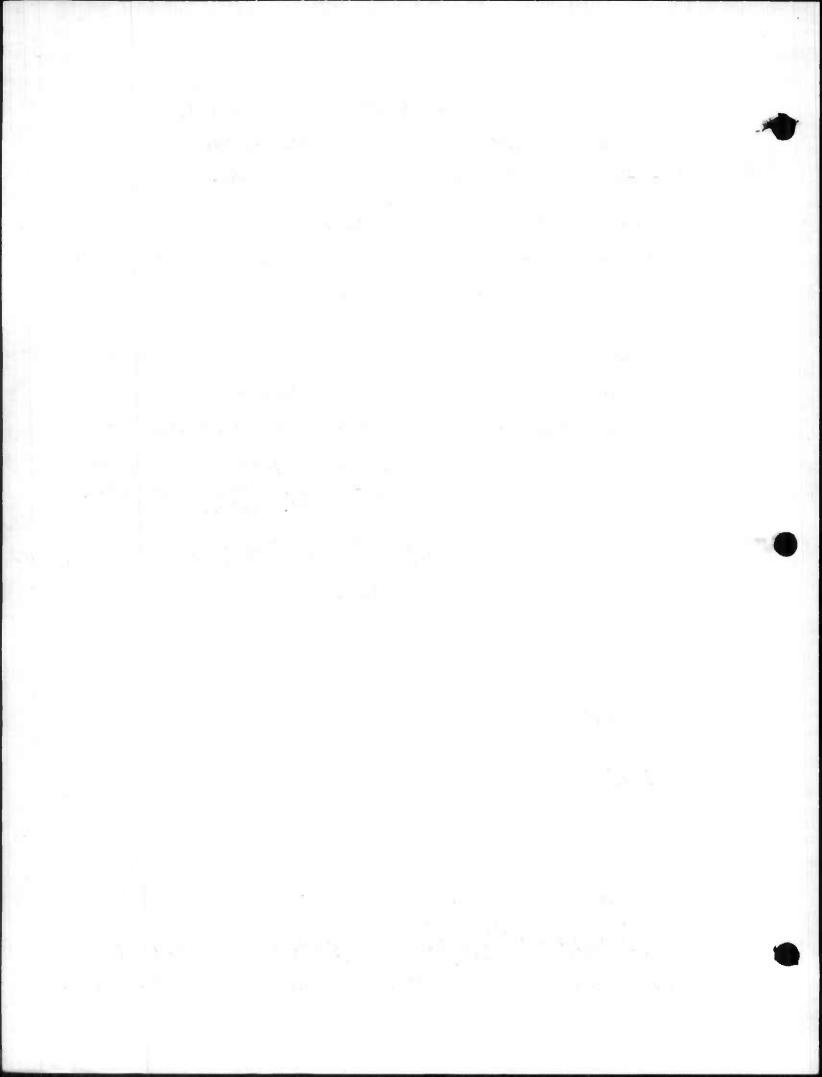
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					,	Certific	ate of	Death	Re	g. No.		10770	
	Bloom to t		1. Decedent's Name (First, Middle, I	ast)					2. Date of Death	n	Vaar	3. Time of Death	
	Physici /Medi			Wayn	e Louis	Bailer	L		March 23	Day 5. 1997	Year	11:40 AM	
	Examir		4a. Facility Nama (if not institution, g	ive street and number)					Location of Daath	4c. County	of Death		
			3421 Foster Aven	ue				Baltimor		N/A			
	Funeral Director		217-50-1787	Sex 1√2 M 2□ F	e (In yrs. last b	Yrs. If Un Monti	hs Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, April	Year) 9,1946	9. Birthpl Count Mari	laca (State or Foreign try) LYLand	
	pur *_		Usuat Residence of Decedent 10a. State 10b. County		10c. City. To	wn or Location					10	Od. Inside City Limits	
	Aeryli sho	5			,,			0 1	0.1		10	1 ☐ Yes 2 No	
	the h	ect	Maryland E 10e. Street and Number	Baltimore		104	Zip Code	Dund		g. Citizen of V	Afran Cause		
	with po a	ā		4 0		101.	Zip Code	21222					
	eeth	era	2700 Yorkway Ax	12. Was Decedent I	Ever in II S	13 Was De	cadeni of h		pacify Vac or No.	United States No- 14. Race - American Indian.			
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Meryland Department of Health and Mental hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other treumetic event, the Medical Examiner maint be notified.	by Funeral Director	1 □ Naver Married 2 □ Married 3 □ Widowad 4 ☑ Divorced	Armed Forces?				Hispanic Origin? (S an, Mexican, Puert Specify:	o Rican, etc.)	Black, White, etc. Specify: White			
20	72 ho	ted	15. Decedent's	Education	16	a. Decedent's U	Isual Occup	pation	1	16b. Kind of Bu	usiness/Ind	lustry	
7	thin 7	Completed	(Specify only highest g Elementary/Secondery (0-12)	College (1-4or 5	+)	life. DO NO	T use retire	during most of word)	King				
7	or th	9	12 Years			Teleph	ione 7	Technicia	n	Te	lepho	ne	
P	al Hy	Be	17. Fathar's Name (First, Middle, Las	st)					ne (First, Middle, M				
yla	Meni Meni arke	ည	Herman J. Baile					Lue	lla E. 06	echsler	4		
a	2 she and is m		19a. Informant's Name/Relationship		her 19	b. Mailing Addr	ess (Street	and Number or Ru	ıral Route Number,	City or Town,	State, Zip	Code)	
2	end ealth n 27		Anthony G. Bail	er, Sr.	2	825 Sch	rubera	t Drive	Silver Sx	oring,	MD 2	20904	
ore	of H of H f Ren		20a. Mathod of Disposition 1 Ø Bunal 2 ☐ Cremation 3	□ Pamoval from State	20b. Place cemet	of Disposition (i	Name of or other pla	ca)	Date 2	Oc. Location -	City or Tox	wn, State	
Ē	Pag ment ant: I		4 □ Donation 5 □ Other (Spec		Oak L	awn Com	notori	1 3/2	8/1997	Balti	more	MD	
Baltimore, Maryland	Departi Departi Importu any Inj		21. Signature of Februaral Service Lic	$\alpha / 1 / 1$	7	22. Name	and Addre	ess of Facility	Hama al 1	Dunda Oh	Tho		
		23a. Part 1. Enter the disease, or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, Interval on set as the disease of the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, Interval on set as the disease of the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, Interval on set as the disease of the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, Interval on set as the disease of the di											
	Division	shock, or heart failure. List my one cause on each line.											
	Physician /Medical		Immediate Cause (Final										
	Examiner		disease or condition resulting in death)	a. Metaste	inc 1	nucrent	L (gaces				Syers	
		ē			Due to (or as a	consequence	of):						
	nsit	듩		b		consequence					t		
'n	The law requires that the death certificate be executed ate has been signed by the ettending physician end page 2 should be deteched for use as the buriat-trensit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury					i					
68760,	e be sicia	ca	Cause (Diseese or Injury that Initiated events	c	Due to (ou on o		-A).				-		
20	ficet phy ss the	edi	resulting in death) Last	,	Due to (or as a consequance of):								
	certif nding use a	2		d									
P.O. Box	ette of for	cla	Don't U. Oshon olanistana a an sistana										
o.	es thet the death cer igned by the ettendir be deteched for use	Physician/N	Part II. Other significant conditions	contributing to death bu	it not resulting	in the underlyin	ig cause gr	ven in Part I.				the cause of death?	
J.	thet dete								1 □ Ye	s 22 No	3 ☐ Prob	abiy 4 🗆 Unknowr	
sion of Vital Records,	uires sign	d by							24a. Was an	autopsv	24b. We	re autopsy findings	
Ö	w require been sign	lete							perform	ed?	ava	niiable prior to	
ě	e law has	Completed									of d	feath?	
<u>e</u>	icate			-					1 ☐ Ye		1	Yes 2 70	
5	nding Physician: The Is in. T. After this certificate ha funeral director, page	Be c	25. Wes case referred to medical examiner?	Hospital:			Ott	oor:	th (Check only one				
ō	Phys this ral di	- T	1 ☐ Yes 2 No 27. Menner of Deeth	1 L Inpatie		Time of	DOA	4 🗆 Ivursing n	ome 5 Resider)	
5	ding h. After fune	tio Lio	1. Naturel 5 ☐ Pending	28e. Date of Injur (Month, Da)	Year)	Injury	28c. Injui	rk? Yes 2 □ No	200. Describe no	w injury occur	leu l		
13	clor:	Certification:	3 ☐ Suicide 6 ☐ Could not	he	Inv - At home f			163 2 110	28f. Location (Str.	eet and Numb	er or Rural	I Poute Number	
3		erti	4 ☐ HomicIde determine	28e. Place of Inju building, etc	. (Specify)	ami, street, lac	tory, onice		City or Town,		er or ridrar	House Warniber,	
_	pita ours eral		29a. Certifier 1X Certifying F	hypioian: To the heat o	é mu knowlada	o doeth coour	and at the time	ma data and slace	and due to the sec				
	Hos 24 h Fun etely	Medical	(Check only one)	thysician: To the best of miner: On the basis of and manner sta	examination e	e, death occurr nd/or investigati	ion, In my o	me, date end place oplnion, deeth occu	, and due to the ca rred at the time, da	use(s) and me ite and placa,	and due to	the cause(s)	
	To the Hospital within 24 hours To the Funeral completely filled	Me	29b. Signature and title of certifier	and manner Sta		-	29c. Licens	se number	20	d. Data signed	d (Month F	Day, Year)	
	F3F8		1. O. D.		MD	'			23	. I I I	_ (************************************		
	O_{I}	MD 038409								1/4/9	7		
			30. Name and eddress of person who					Bulton	0 1 1				
					ten ori	Un Ave		シュニック	E 7101	21224			
	Sta Registr		31. Data filed (Month, Day, Year) APR 0 8 199	7 U Programa	s Sidnature	Labour	-						

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		I	TEM: 6 per FH G-751 9-				tificate of		Mental Hyg	Reg. No.			
ľ	Physic	ian	Decedent's Name (First, Middle, La.		lian.	John B	иол.		2. Dete of Dee	Dey	Yeer	3. Time of Deeth 8:44 AM	
3	/Medi		4e. Fecility Neme (If not institution, giv	ome (If not institution, give street and number)			4b. Citv. Town, or	April Location of Deeth	5, 1997 4c. County	of Deeth	0.44 /44		
	Examination	ier	Good Samaritan H						re City	N/A			
1-	Funeral				ge (In yrs. la	ast birthday)	If Under 1 Year	if Under 24 Hrs	8. Date of Birt		9. Birthoi	ece (State or Foreign	
	Director		220-30-6924 Usuel Residence of Decedent	ex 7. Ag	64	Yrs.	Months Deys	Hours Min	Sept. 2	8,1932	Mar	ece (State or Foreign ry) Yland	
	yland		10e. State 10b. County		10c. City	, Town or Lo	cation				10	d. tnside City Limits	
	a-f s	cto	Maryland Ba	ltimore			Dunda	lk.			1 ☐ Yes 2 ☐ No		
	or 28	Director	10e. Street end Number				10f. Zip Code		T	10g. Citizen of	Whet Count	ry?	
	23a	ai	6538 Riverview A	venue				21222		Unit	ed St	ates	
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Health and Mental Hygiene. Important: if Item 23a or 28a-f show important: if Item 27 is marked other than "naturet", or Items 23a or 28a-f show important: if Item 27 is marked other than 000cs.	by Funerai	11. Marital Stetus 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Dates:			Vas Decedent of I Yes, specify Cub ☐ Yes 2 ☑ No		Specify Yes or No- to Rican, etc.)	14. Rac Bta Specify	e - America ck, White, e		
5-0	2 should be filed within 72 hours and Mental Hygiene. Is marked other than "naturel; raumatic event, the Medical Exa	Completed	15. Decedent's Education (Specify only highest grade completed)			16e. Deced	ent's Usuei Occup	petion during most of wo	orkina	16b. Kind of B			
121	ithin and and and and and and and and and an	npie	Elementary/Secondary (0-12) College (1-4or 5+)			life. D	O NOT use retire	d)	anny.				
	led w her th		12 Years			Sec	urity Gu		(E) 0.814.W-		writy		
Maryland	the first of other	Be	17. Fether's Neme (First, Middle, Last)						me (First, Middle,	Maiden Suman	10)		
Z	d Me d Me marka	2	Frank Byer 19a. Informent's Neme/Retationship (Tune Print!		10h Mailin	a Address /Ctros	Julia	Keys ure/ Route Numbe	City or Town	State 7in	Codol	
Ma	d2 s ith en ith en it is trau												
ē,	of Health of Health Item 27		Karen Lindner/Da 20a. Method of Disposition	ughter	20b. Pi	ACA OI L'ISDO:	sition (/vame or		dalk, Ma	20c. Location	City or Tox	vn, Stete	
9	Pages nent of nt: If Ite		1 ☐ Burlet 2 Ø Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specification 5 ☐ Other (Specification 5)				natory or other pla	1		Town	Man		
Baltimore,	permit. Page Depertment of Important: If any injury or once.		21. Signeture of Funerei Service Licen		THE	Ctop S	Name end Addre	orp 4/8/	1997	Towson			
ä	Depermine Depermine Supported in Supported i		2	-0-		ν	'uda∽Ruck	: Funeral	Home of	Dundal	k, In	c.	
			23e. Pert1. Enter the disease, or compshock, or heart failure. List only	plications that cause	the death	. Do not ente	922 Wise or the mode of dyi	AUC. D	undalk. c or respiretory er	Marylan rest,	d 21	222 Approximate Intervet Between	
	Physician /Medical Examiner	Examiner	Immediate Ceuse (Final disease or condition resulting In death)	e	Seve	es e conseq	ASCV		l Infa	rction) /	onset end Deeth	
ox 68760,	law requires that the death certificate be executed test been signed by the attending physician and a 2 should be deteched for use as the burial-transit	edicai	Sequentially flat conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest	c	uence of):								
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, P.O.	es thet the death cer igned by the ettendin be deteched for use	by Physician/M	Pert tt. Other significant conditions of	ontributing to death b	ut not resu	iting in the un	derlying cause gr	ven in Per I.		obacco uee co ∕es 2⊡ No	3 ☐ Prob	the cause of death? ably 4 Unknown	
Records,	v requires been sign should be	Completed b	PVD							en autopsy med?	con	re eutopsy findings iteble prior to npletion of cause leath?	
al Re	The ete h	Comp	HTN						1□ Y	es 200 No		Yes 2□ No	
Vita	certificate rector, pag	Be	25. Was case referred to medicat examiner?	Hospitet			04	26. Place of De	eth (Check only o	ne)			
of	a Physicien: or this certific oral director,	. To	1 ☐ Yes 22 No 27. Manner of Deeth	1 ☐ tnpatie		R/Outpatient 28b. Time of	28c. tnju	3 Nursing I	Home 5 Resid)	
Division of Vital	seth. for: Atter the fune	Certification:	1 Naturel 5 Pending investigation 3 Suicide 6 Could not be	(Month, Da	y Year)	tnjury	Wo	rk? Yes 2□No					
No.	a atter		4 Homicide determined	28e. Plece of tnj building, et	ury - At hor c. (Specify)	me, farm, stre	et, factory, office		28f. Location (Street and Number or Rural Route Number, City or Town, State)				
-	he Hisp in 24 pc. he Furti pletaly fil	edicai	29a. Certifier (Check only one) (Check only one) (Check only one)	yelcian: To the best atner: On the basis of end menner st	f examineti-	rledge, death on end/or inv	occurred et the ti estigation, in my o	me, date end plac opinton, death occ	e, end due to the d urred et the time, d	ceuse(s) and m date and place,	anner as str end due to	ated. the ceuse(s)	
	To the within 3 To the comple	Σ	29b. Signature and title of certifier	1//20	1 1		29c. Licens	_		29d. Date signe	d (Month, L	Dey, Yeer)	
			Auca	HELON	41	us	\mathcal{D}	30717		4/7/	97		
	2		30. Name and address of person who	completed cause of d	leath (Item	23e) (Type, I	Print)	4= 7	Utemore			0	
			HIICIA /+ COU				+ DUILE	265 00	UHMORE	MD	21218		
	Sta	ite	31. Dete filed (Month, Day, Yeer)	32. Registr		Wandage							



State of Maryland / Department of Health and Mental Hygiene

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						Cei	rtificate	of	Death		Re	eg. No.		. 0 7 4	
		-7	1. Decedent's Neme (First, Middle,	Last)							2. Dete of Deet	h		3. Time of Death	_
Physic /Medi Exami			PHYLLIK SWIFT			BUXTON				Month	3 /90-		4:45am		
			4e. Facility Neme (If not institution,	give street end number,)	4b. City, Town, or Lo				cation of Death	4c. County				
7	LAUTITI		10461 Waterfo	ul Terrac	20				Col	l m h		TT -	1		
H	Funeral				ge (In yrs. lest	birthdey)	If Under 1		If Under		8. Dete of Birth		vard	ece (Stete or Foreign	7
	Director		213-38-3393 Usuel Residence of Decedent	1□ M 200/F	85	Yrs.	Months	Deys	Hours	Min.	DEC 14	Year)	Coun	ichusetts	
	yland		10a. Stete 10b. County		10c. City, T	own or Lo	cation						10	d. Inside City Limits	
	Mar 48	to	MD Howa	ırd	C	olun	nbia							1 ☐ Yes 2 ☐ No	
	r 284	<u>e</u>	10a. Street end Number		-		10f. Zip (Code			1	10g. Citizen of Whet Country?			
	h wit	Funeral Director	10461 Waterfo	ul Terrac	e		2	104	44			US	SA		
	deat	ner	11. Maritei Status	12. Was Decedent Armed Forces	Ever in U,S.	13. Wes Decedent of Hispanic Origin? (Specify Ye if Yes, specify Cuben, Mexicen, Puerto Ricen, 1 □ Yes 2 ☒ No Specify:					cify Yes or No-		ce - America		
Maryland 21215-0020	s 1 and 2 should be filed within 72 hours efter death with the Maryland if Heelth and Mentel Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	by Fu	1 ☐ Never Merried 2 ☐ Marrie 3 ☐ Widowed 4 ☑ Divorced								nicen, etc./	en, etc.) Bleck, White, etc. Specify:White			
9	2 hou	8	15. Decedent's		1	6e. Deced	dent's Usuel	Occup	ation			16b. Kind of B	usiness/ind	ustry	-
715	nin 7	Completed	(Specify only highest Elementery/Secondery (0-12)	grade completed)		(Give	kind of work DO NOT use	done retire	during mos d)	t of workir	ng				
212	y within jiene.	Eo	Elementery/Secondery (0-12)	5 + (1-4or	Sollege (1-4or 5+)		al Edu	cat	ion T	each	er	Public	School Syste		1
Þ	Hygin other	Be C	17. Fether's Neme (First, Middle, L.	ast)					18. Mothe	er's Neme	(First, Middle, A				
a	Mentel Mentel arked o	ТоВ	Walter Bal	ocock Swift					E	dith	Hale				
ary	2 should and Men is marke sumatic	-	19e. Informent's Neme/Relationshi			9b. Meilir	ng Address ((Street			I Route Number	City or Town	, State, Zip	Code)	
Baltimore, Ma	1 and 2 Heelth a am 27 is		Priscilla Bright	t/daughter	1	2919	Cox N	eck	Rd.	Fast	Cheste	er MD	21619		
	of Heelth itam 27 other tr		20a. Method of Disposition		20b. Plece	of Dispo	sition (Neme	e of				20c. Location			
E	permit. Peges. Department of Important: If its any injury or of once.		1 ☐ Buriel 2 ☐ Cremetion : 4 ☐ Donetion 5 ☐ Other (Spe				emator			4/5	/97	Baltim	ore,	MD	
Ē	artm ortar inju				4 3 8	22	2. Neme end	Addre	ss of Fecili	ly					-
ä	Depa Impo any it		21. Signeture of Eunerel Service Li	1. Gregor	chi	Cr	emati	on	Socie	ty of	f Maryla	and, In	nc.		
	_		Edward A. Gregorchik 299 Frederick Rd. Baltimore MD 21228 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate											_	
	Physician	4.4	shock, or heart feilure. List only one cause on each line. Intervel Between Onset end Death												
	/Medical		Immediate Couse (Finel disease or condition resulting in death) e. Alzheimers Discase 5									5 VIEW	1		
	Examiner		diseese or condition resulting in death)	o. V T				<i>X</i>	120	.'\5	_		i	100	-
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Division	th. : After e fune	ertification:	Naturel 5 Pending 2 Accident investiga		ay Year)	Injury	М		Yes 2	No					
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ă	after after Direct of in b	en	4 Homicide determin	building, et	fc. (Specify)							r Town, Stete)			
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	alc	29a. Certifier CertifyIng	Physicien: To the best	of my knowled	lge, deeth	occurred et	t the tir	ne, dete en	d piece, e	end due to the ce	euse(s) end m	enner es st	ated.	
	ne Hc n 24 ne Fu yletel	edical	(Check only 2 Medical Ex	kaminer: On the basis of end menner st	of examinetion	end/or inv	vestigetion, i	in my o	pinion, dee	th occurre	ed et the time, de	ete end plece,	and due to	the ceuse(s)	
	within To th	M	29b. Signeture end title of certifier	0			29c.	Licens	e number	_	2	9d. Date signe	ed (Month, I	Dey, Yeer)	
			William	Hann	m		D	2	07	84	A	200.1	31	997	
	10		30. Name end address of person w	ho completed cause of	deeth (Item 23	e) (Type.	Print)		1 11	- 1	1	60	1	MI	_
	W		12 1/1/12 F-10	DILPAI.	nio	110	55	-	Litte	CT	atexo	8-Col	kyn	7 (2)	
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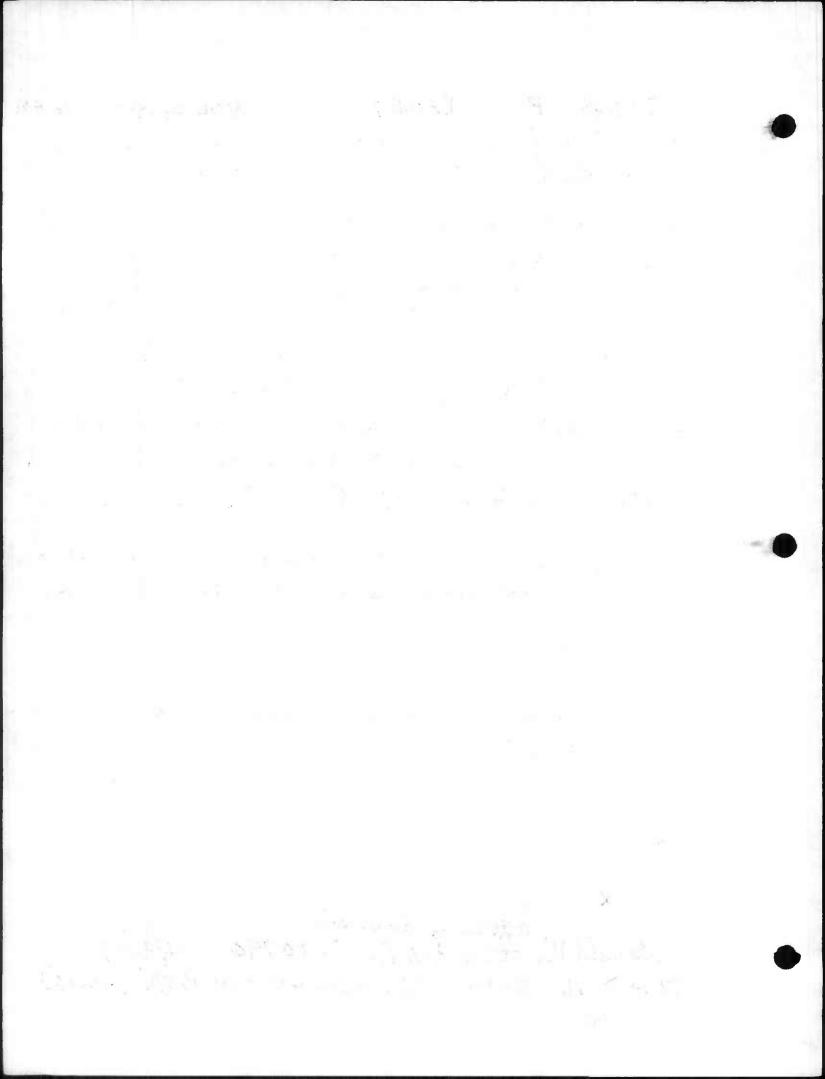
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

10448

				Certificate of Death	Reg. No.	
	Physici	an	1. Decedant's Nama (First, Middla, Last)	BALLEY	2. Data of Death Month Day	3. Tima of Death
	/Medic	cal	4a. Facility Nama (If not institution, give streat and number)		n, or Location of Death 4c/County of	17 7:16 AT
F	Examir	ier	Baltimore County	GENERAL Bal	itimore ba	Himore
	Funeral	1	10.0 III	rs. last birthday) If Undar 1 Yaar If Undar 24 Months Days Hours	Min. , f (Month, Day, Year)	Birthplaca (Stata or Foreign Country)
	Director		Usual Rasidanca of Dacadant	5 118.	Nov. 23, 1923	"HIR
	show	Ļ		City, Town or Location		10d. Inside City Limits 1 ☐ Yas 220 No
	the M	Director	10e. Street and Number	Daltimole 101. Zip Coda	10g. Citizen of W	
	th with	ai Dir	The state of the s	EET 21200	7 05.0112811014	
	tems ref ms	Funeral	11. Marital Status 12. Was Decedant Evar in	U,S. 13. Was Decedant of Hispanic Original Maying	n? (Specity Yas or No- Puarto Rican, atc.) 14. Race Black	- American Indian, , White, atc.
21215-0020	should be filled within 72 hours after deeth with the Meryland nd Mentel Hygiene. In marked other than "netural", or flems 23a or 28a-f show umatic event, the Medical Examinar main to notified.	by	1 Nevar Married 2 Married 1 X Yas 2 No 1 1 X Yas 2 No 1 1 X Yas 2 No 1 1 X Yas 2 No 1 1 X Yas 2 No 1 1 X Yas 2 No 1 1 X Yas 2 No 1 Yas 1 No 1 Y	23-46 1 Yas 2 No Specify:	Specify:	Black
5-0	72 hours "netural",	eted	15. Decedant's Education (Specify only highast grada complatad)	16a. Decedant's Usual Occupation (Giva kind of work dona during most of lifa. DO NOT usa retired)	of working 76b. Kind of Bus	sinass/Industry
121	within ene. then	Completed	Elemantary/Secondary (0-12) Collega (1-4or 5+)	lifa. DO NOT usa refired)	1	Office
P	Hygi other	Be Cc	17. Fathar's Nama (First, Middla, Last)		s Nama (First, Middla, Majden Surnama)
ylar	Mente Mente arked atic ev	To B	William J. Bailer	y Cr	unity Sear	6
Maryland	s 1 and 2 should be filed within 7. I Heelth and Mentel Hygiene. Item 27 is marked other then "n other traumetic event, tre Mest		19a. Informant's Name/Ralationship (Type, Print)	19b. Mailing Addrass (Street and Number	L II	1
	of Heelth of Heelth Item 27		20a. Mathod of Disposition 20	D. Place of Disposition (Nama of cematary, crematory or other place)		City or Town, Stata
Baltimore,	permit. Peges 1 and 2 should be filed within Department of Heelth and Mentel Hygiene. Important: If Item 27 Is marked other than any injury or other traumatic event, the Medice.			application of Veter	1 4/8/81 DW WAS	mills, md
Bal	permit. Departrimporta any inju		21. Signature of Funaral Sarvice Licensea	22. Nama and Addrass of Facility	1 Home-West	md. 21215
	700		23a. Part . Entar the disaasa, or complications that causad tha d shogk, or haart reliura. List only one cause on each line.	aath. Do not antar tha moda of dying, such as co	ardiac or raspiratory arrest,	Approximata Interval Batween
	Physician					Onsat and Death
	/Medical Examiner		Immediata Causa (Final diseasa or condition rasulting in daath)	MYOCARDIAL	INFARCTION	2 HRS.
		Jer		o (or as a consequence of): SCLEROTIC HEA	RT DISEASE	IINK
	cuted	aml		o (or as a consequence of):	N DISCIPLE	0/1/41
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68760,	entificate be executed ding physician end se es the burtal-transit	/Medical Examiner		(or as a consequence of):		
X	din din		d			
O. B.	e deeth the ette hed for	Physician	Part II. Other significant conditions contributing to death but not	rasulting in the underlying cause given in Part I.	23b. Did tobacco use con	tributa to the cause of death
P.0	that the de ad by the deteched	Phy	HYPERTENSIVE CARD	IOVASCULAR DISE	ASE 1 Yes 2 No	3 Probably 4 Unknow
of Vital Records,	The lew requires that the deeth site has been signed by the etter page 2 should be deteched for u	ed by	Alan Inicial DE DEAL	NEAT DIA DETEC	24a, Was an autopsy	24b. Wara autopsy findings
900	a lew requir hes been s ye 2 should	Completed		DENT DIABETES	MELLITUS performed?	available prior to complation of causa of death?
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Zits	Physician: this certiforal director,	Be	25. Was casa rafarred to medical axaminar? 1	o d Other:	of Death (Check only ona)	
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-é	Affing arth. ne fune	ation	2 Accidant Invastigation	Injury Work? M 1 Yas 2 No	0	
Die	after de Directo	ertific	3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homicida datarmined 28a. Placa of Injury - A building, atc. (Spe	t homa, farm, straat, factory, offica	28f. Location (Street and Number City or Town, Stata)	r or Rural Routa Number,
_	lile and	Medical Certification:	29a. Cartiflar Certifying Physician: To the best of my in the control of the best of my in the control of the best of examples.	mowladga, daath occurred at tha time, data and ination and/or in∳astigation, in my opinion, daath	place, and dua to the causa(s) and man	nnar as stated.
	To the Har within 24 h To the Fur completely	Wedi	one) and manner statifid.	Phone cum)		
	5 x 5 8		29b. Signatura and title of certifier	29c. License number	790 11/2	(Month, Day, Year)
	IX2.	-	30. Nama and addrass of person who completed causa of daath (I	tam/23a) (Typa, Print)	43/	
	10.		DONALD W. STEWART	M.D. 2300 GA	RRISON BLVD.	(21216)
	Sta Registr		31. Data filed (Month, Day, Year) 32. Registrar's St.	nature		

State Registrar

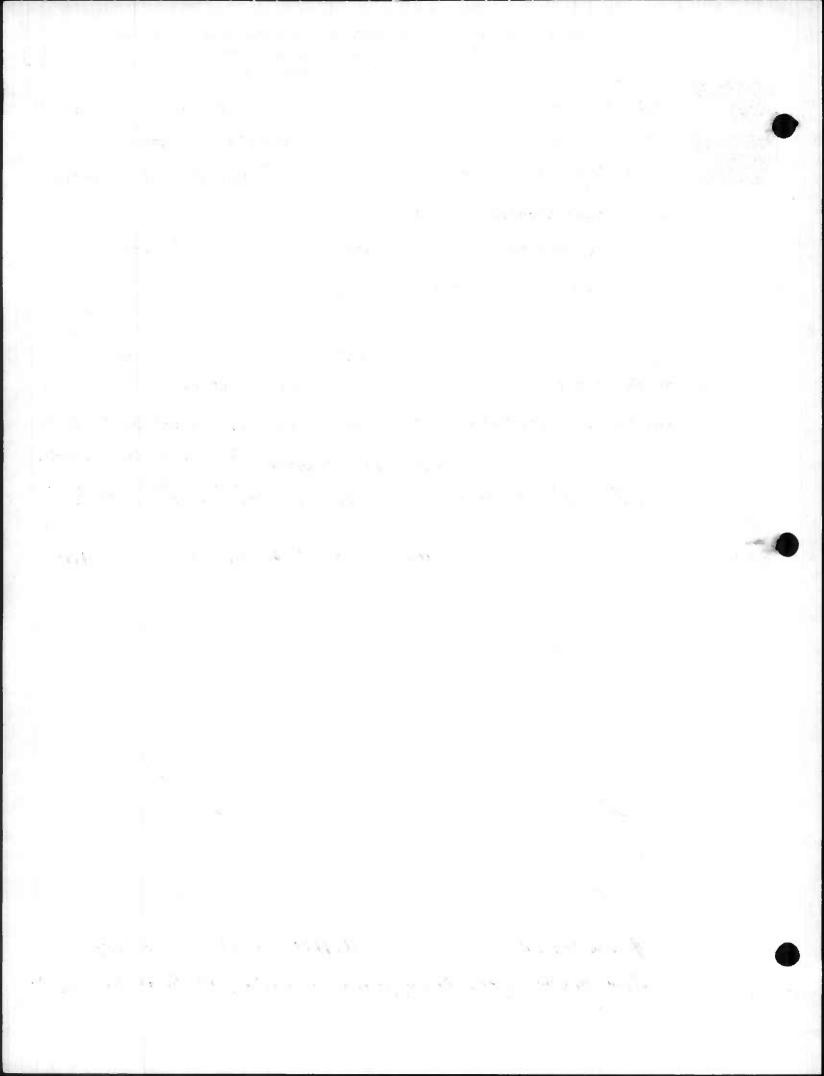
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State of Maryland / Department of Health and Mental Hygiene

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Physician /Medical		Michael Jose	ph Broph	ı y					4 1997	1 441	7;27PM	
Examiner		4e. Facility Nema (If not Institution, g		er)		4	4b. City, Town, o	or Location of De	eth 4c. County	of Deeth		
	ı	2246 Dairy Fa	rm Rd				Gambr	ills	Anne	ARu	ndel	
Funeral	1	The second secon		Aga (In yrs. las	st birthday)	If Under 1 Yeer Months Days	If Under 24 H Hours M		Sirth Day Year)	9. Birthp	elaca (Stata or Foreign	
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or s		10e. Street and Numbar				10f. Zip Code				10g. Citizan of What Country?		
1 m 1 m	5	2246 Dairy Farm Rd				21054			U	SA		
iner must be notified Funeral Director		11. Marital Status	12. Was Dacada Armed Force	ni Evar in U,S.	13. W	as Dacadent of H Yes, specify Cube	ispanic Origin?	(Specify Yes or N	lo- 14. Rac	a - Americ	ean Indian,	
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Engl		3 ☐ Widowed 4 ☐ Divorcad Yaar or Datas:				A Tes XX	opedity.		Specify		+ 0	
Completed		15. Decedant's E (Specify only highast gi	ducation ada complatad)		16a. Deceda	nt's Usual Occup ind of work doria of O NOT usa ratired	ation	mrkina	16b. Kind of B	usinass/Ind	dustry	
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To Be Comp	3						la, Maidan Sumem	na)				
10	2	Joseph Brophy Norma Kettler										
other traumatic		19a. Informant's Name/Ralationship	(Typa, Print)		19b. Mailing	Addrass (Straat	a <i>nd N</i> um <i>ber</i> or	Rural Routa Num	bar, City or Town,	Steta, Zip	Coda)	
r tra		Tommie A. Bro	ophy-Wif	е	2246	Dairy	Farm	Rd., Ga	mbrill:	s, M	d 21054	
	2	20a. Mathod of Disposition		20b. Plea	ca of Disposi	tion (Nama of story or othar place	ca)	Data	20c. Location -	City or To	own, Stata	
ry or		1 ☐ Burial 2 ☐ Cramation 3 [4 ☐ Donation 5 ☐ Othar (Spec		ta _				4/10	Frank1:	in C	o. Ark.	
any Injury or DACE.	9	21. Signature of Funeral Service Lice		///	wes C	reek Co	ss of Facility TT	у	17	1 11	D 4	
2 2 2		21. Signature of Funeral Service Licensea 22. Nama and Address of Facility Hardesty Funeral Home 851 Annapolis Rd., Gambrills, Md 21										
	+	23a. Pert1. Entar tha disease or cor	nolications that cause	ed the death						S , M	Q 21054 Approximata	
tolor.	1	shock, or haart failura. List only	one ceusa on aacl	lina.	DO HOL WINGS	tha moda or dyn	g, scorres card	ac or raspiratory	arrast,		Intarval Batween Onsat and Deeth	
iclan dical	ı	Immediata Causa (Finel	Ω		A. a.	11-0	1				alac	
miner		disaasa or condition rasulting in death)	ө	ogress	re.		Neck	Cque	w	1	7196	
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Examiner			b	Due to for a	s a conseque							
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etached for u	-	2.40 00						lid tobacco use contribute to the cause of death?				
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8 4		at ii. Other significant conditions	contributing to death		ng in tha und	larlying causa giv	an mirenti.		d tobacco use cod		bably 4 Unknown	
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ector cauth. ector start his certificate has been signed by the funeral director, page 2 should be d iffication: To Be Completed by	3	25. Was case referred to madical axaminer? 1	Hospital: 1 Inp. 28a. Deta of I (Month, on be) 28a. Placa of building, hyslcfan: To the be miner: On the besis and mannar	atiant 2 Enjury Day Year) Injury - At home efc. (Specify) st of my knowle of axamination stated.	eVOutpetiant 8b. Time of fnjury a, farm, strea edge, deeth on and/or Inva	3 DOA Oth 28c. fnjun Wor M 1 at, factory, office cocurred et the tin stigation, in my of	26. Placa of D ar: 4 Nursing y at k? Yas 2 No ne, date end pla pinion, daath oc a number	24a. Wapel 24a. Wapel 1 aath (Check only Homa 5 Pa 28d. Dascribe 28f. Location City or T	Yes 2 No Is en eutopsy formed? I Yas 2 No Yona) Sidanca 8 Oth He how injury occurr (Street and Numbown, State) e cause(s) end me L, data and plece, 29d. Data signer	24b. We every confidence of the second of th	era eutopsy findings ailabla prior to mpletion of cause deeth? Yas 2 No No No No No No No No No No No No No	

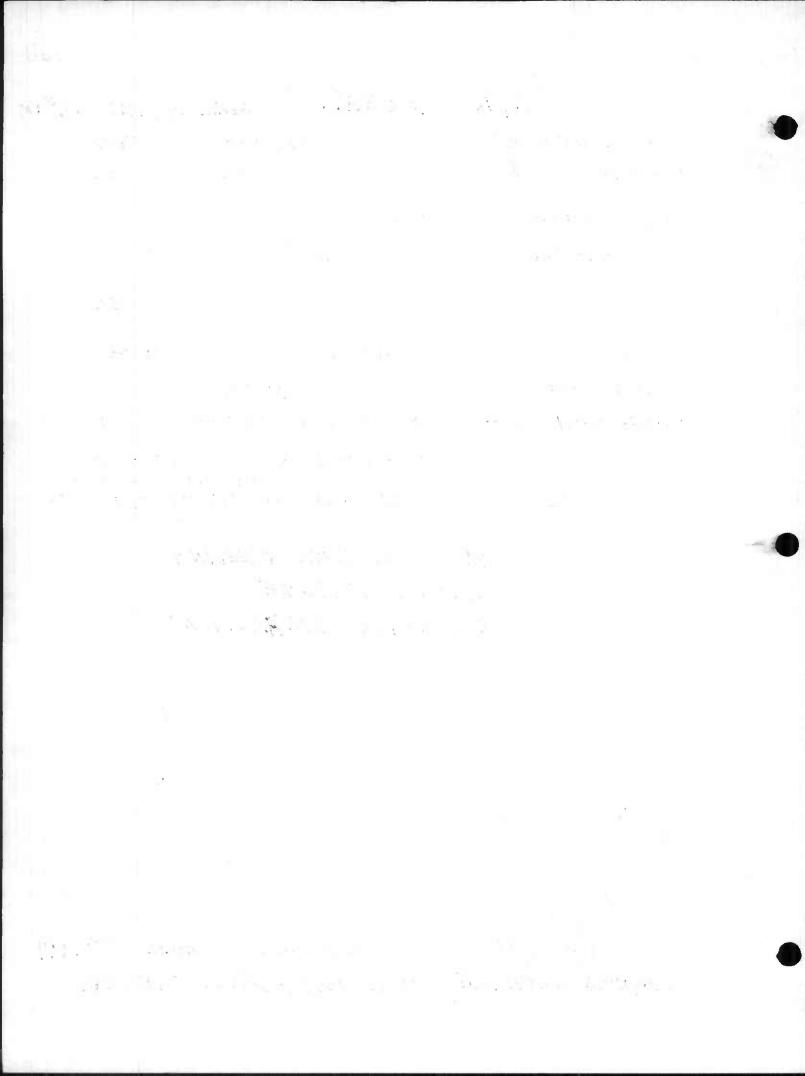


State of Maryland / Department of Health and Mental Hygiene

10450

						Ce	rtificate of	Death		Reg. No.		. 5 , 5 0
	Physic	ian	1. Decedent's Name (First, Middle, L	ast)	R	R	DEHL		2. Dete of Dee Month		Yeer	3. Time of Deeth
	/Medi		A F 10 Al 10 Al 11	AUA	01,	100	JUNI		APRIL	3,1	997	12 JOHN
ž	Exami	ner	4e. Fecility Neme (If not institution, g Northwest Hospi		,			4b. City, Town, or L				
-	Comment				ge (in yrs. ia:	st hirthday)	If Under 1 Year	Randalls If Under 24 Hrs.		Bal	timor	2 ace (State or Foreign
	Funeral Director		212-09-0438 Usuel Residence of Decedent	1□ M 20 F	86	Yrs.	Months Days		8. Date of Birth (Month, Pe) Dec. 4,	1910	Md	• (State of Foreign
	yland		10a. State 10b. County		10c. City,	Town or Lo	ocation				10	d. Inside City Limits
	Mar Prod	ţ	Md. Baltim	ore	Re	ister	istown					1 ☐ Yes 2, No
	or 28	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Count	ry?
	23a		240 Walgrove R	oad			2113	36		USA		
	r dez	Funeral	11. Marital Status	12. Wes Decedent Armed Forces	Ever in U,S.	13.	Was Decedent of if Yes, specify Cub	Hispanic Origin? (Sp pan, Mexican, Puerto	pecify Yes or No-		a - America ck, White, e	
21215-0020	72 hours efter death with the Maryland "natural", or flerna 23a or 28a-f show kolcal Examiner must be notified at	by	1 Never Married 2 Merried 3 Widowed 4 Divorced	1 ☐ Yes 2 🏋 If Yes, Give Year or Dates:	No		1□ Yes 2以No			Specif		
5-(72 hours "netural".	Completed	15. Decedent's l (Specify only highest g	Education rede completed)		16e. Dece (Give	dent's Usuai Occu kind of work done	petion during most of worked)	king	16b. Kind of B	usiness/Indi	ustry
12		du	Elementery/Secondery (0-12)	College (1-4or	5+)			ed)		Ousia	Home	
d 2	e filed of Hygie other t	ပိ	17. Fether's Neme (First, Middle, Las	t)		п	omemaker	18. Mother's Nem	ne (First Middle			
Maryland	0 4 5	o Be	Joseph Donahu					Rose	Rupp	maraen Carrier	10)	
N	and Menta is marked	J.	19a. Informant's Name/Relationship			19b. Malli	ng Address (Stree	t end Number or Ru		r. City or Town	Stete Zin	Code)
	nd 2 aith a 27 is r trat		Franklin Benson/	Executor			Cathedral		altimore		21201	
re,	of Health item 27 other tr		20e. Method of Disposition		CON	ce of Dispo	osition (Neme of metory or other pla		Dete	20c. Location	City or Tov	m, Stete
Ē	0 6 = >	ŀ	1 Burial 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spec				2 Nationa		1-7-97	Baltimo	ro. M	d.
Baltimore,	permit. Pege Depertment of Important: If any Injury or once.		21. Signature of Funerel Service Lice	ensee			2. Name end Addre	non of English	11824 Re			
	40140		23a. Part1. Enter the disease, or cor shock, or heart feilure. List only	tine		- 1		eral Home		erstown	, Md.	21136
ox 68760,	certificate be executed and indig physician and ise es the buriel-transit	√Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest		Due to (or e	A L as a consec A R 7	quence of): FA quenca of): DIAL	NAL BO 9CURE INFAR				
m	that the death ce ed by the attendii detached for use	Physician/	Pert II. Other significant conditions	contributing to death h	ut not resulti	ing in the u	inderlying cause of	ven in Part I	23h Did t	obacco use co	ntribute to	the cause of death?
P.0.	t the d by the tached	hys		ooming to douting	at not room.		indonying baddo gi	VOIT HIT OIL I.	1 🗆 1	M	3 Prob	
Ś	es tha igned be de	by F										
Division of Vital Record	been s	Completed			- 18					en eutopsy med?	con	re eutopsy findings ilable prior to apletion of cause eeth?
Ě	The lav	mo;							1 🗆 Y	es 25 No	1 🗆	Yes 2□ No
Ita	ystcian: The is certificate he director, page	Be	25. Wes case referred to medical exeminer?					26. Plece of Dee	th (Check only o	ne)		
2	Physician: r this certific aral director,	2	1 ☐ Yes 2 No	Hospital: 1 Inpatio		R/Outpatier	TI BUDOA		ome 5 Resid	lenca 6 ⊡Oth	er (Specify,	
ion o	pital or Attending Phans after death. Frai Director: After this filled in by the funeral	Certification:	27. Menner of Deeth 1 Netural 5 ☐ Pending 2 Accident investigation	28e. Date of Inju (Month, Da	y Year) 2	8b. Time o Injury	Wo	ryet irk?]Yes 2 ☐ No	28d. Describe h	low injury occur	red	
DIVIS	or Attending after death. Director: After d in by the fune	ertific	3 Suicide 6 Could not determined	286. Place of in	ury - At hom c. (Specify)	e, ferm, str	reet, factory, office		28f. Location (S City or Tow	Street end Numb m, State)	er or Rurel	Route Number,
	Heapita Hanours Fameral	edicai C	29a. Certifier (Check only one) 1 CertifyIng P	hyeician: To the best miner: On the besis o	f examinetion	edge, death	n occurred et the ti vestigation, in my	me, dete end plece, opinion, death occur	, end due to the o	ceuse(s) end mo	enner es ste	ited. the ceuse(s)
1	444	Me	29b. Signature end title of certifier	and thenner st	ated.		29c, Licen	se number		29d. Date signe	d (Month, C	lev Year)
1	2023		/(].	+110	M			17157		APRIL	スペ	1 190 H
,	, ,		30 Name and address of parent into	composited on a ci-	leath /llam a	30) /T					2	1777
	10		30. Name and address of person who	EYESTR	E	No.	RTHWE	ST HOSI	PITAL	CEN	TEI	R
	Sta Registr	_	31. Date filed (Month, Dey,-Year) APR 0 8 199	32. Registr	er's Signetur	- Range	286					

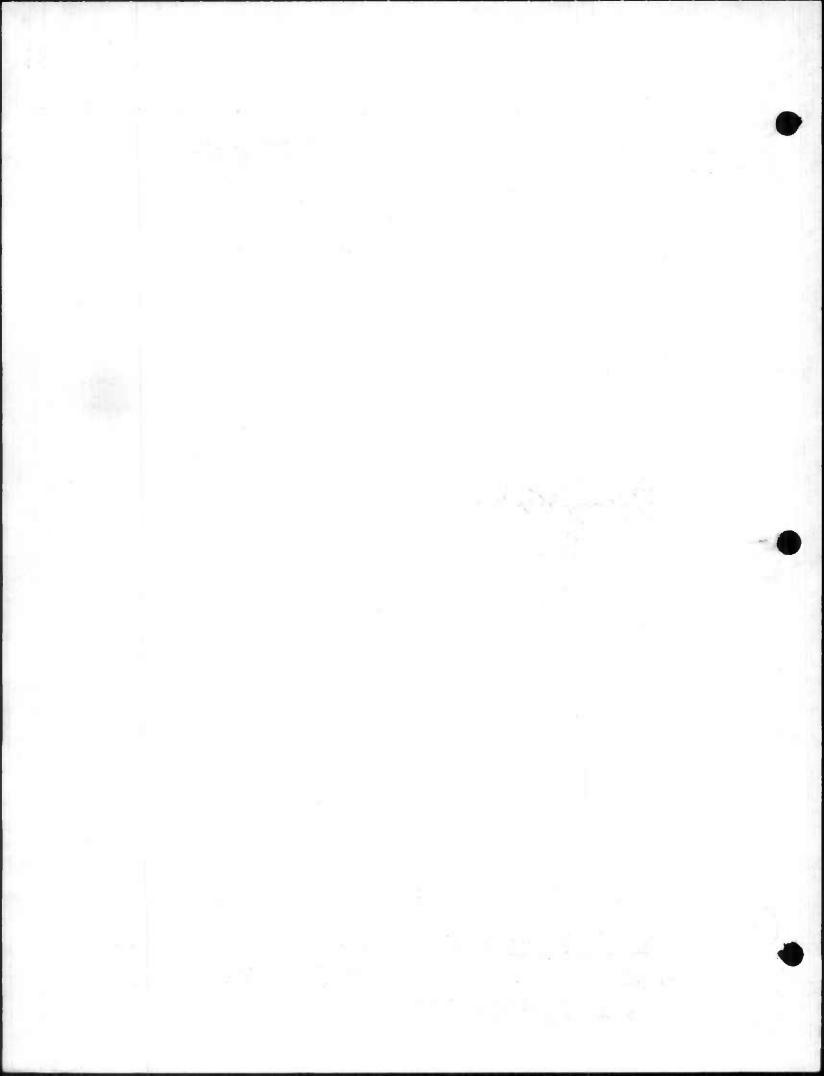
APR 0 8 1997



State of Maryland / Department of Health and Mental Hygiene 97 10451

					Cei	rtificate of	Death		Reg. No.	21	1040
Dhysiol	an	1. Decedent's Neme (First, Middle, La	st)		-4-			2. Dete of D		Yeer 3	3. Time of Deeth
Physici /Medic		Clayhorne	L	Bro	LUN	-sr		April	02	1997	10:30 pm
Examin		4e. Fecility Name (f not institution, giv	the second secon	1			4b. City, Town, or	0	th 4c. County	of Deeth	
E		Union Mei	norial	Hos	pital		Baltim	ore Cit	4	N/A	
Funeral		5. Social Security Number 6. S	ex 7.Ag	ge (In yrs. le		If Under 1 Yea Months Deys			rth ev. Yeer)	9. Birthplece	e (Stete or Foreig
Director		220-30-5697 Usual Residence of Decedent	ALM ZUI	64	Yrs.				29,193	2 Mai	ryland
M III		10e. State 10b. County		10c. City,	Town or Lo	cation				10d.	Inside City Limits
d other then "natural", or flams 23a or 28a-f show event, the Medical Exerciper must be notified at	5	7 1 77/4			D = 1						1 ☐ Yes 2 ☐ No
288	Director	Maryland N/A 10e. Street end Number		,	ват	tinore			10g. Citizen of	What Country	,
3a or		2401 Edmondson	Avio			212	773		U.S.		
me 2	Funeral	11. Marital Status	12. Was Decedent	Ever in U,S	. 13. \	Was Decedent of	Hispenic Origin? (5	Specify Yes or N		e - American I	Indian,
200	Ē	1 ☐ Never Married 2 Married	Armed Forces?			f Yes, specify Cu	ban, Mexican, Puer	to Rican, etc.)		ck, White, etc.	
Exe	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:			1□Yes 2□XNo	Specify:		Specif	y: B1:	ack
netur Ilcal	Completed	15. Decedent's Ed (Specify only highest gre	lucetion		16a. Deced	tent's Usual Occu	upetion e during most of wo	rking	16b. Kind of B		
West West	npie	Elementary/Secondery (0-12)	College (1-4or	5+)	life. I	DO NOT use retir	ed)	irking	20	- 1	
rt,	Co	12th grade			В.М	ORTON I			Movin		ustry
0.00	Be	17. Fether's Neme (First, Middle, Lest)							, Maiden Sumen		
marked matic e	To	Raymond L.Brown					Mari		Campho		
9 6		19e. Informent's Name/Relationship (,,				et end Number or R				de)
ther tr		Catherine H.Br	OMII-MITE			L Edmon sition (Neme of	ndson Av				
or of		1 ☐ Buriel 2 ☐ Cremetion 3 ☐	Removal from Stete	cer	metery, cren	netory or other pl		Dete	20c. Location		
tant:		4 □ Donetion 5 □ Other (Specify		Mou		ion Cer		4-7-97	Lansdo	wn, nd	•
important: if item 2 any injury or other once.		21. Signature of Funeral Service Licen	500			. Name end Addi		C1-	Pour one	1 Com	wioo
.= • u		1 January 3	scy -		5	502 Wi	nner av	e Balto	Md.2	1215	ATCE
1		23a. Part1 Enter the disease, a comp show, or heart failure. List only	olications that caused one ceuse on each li	d the death. ine.	Do not ente	er the mode of dy	ring, such es cerdie	c or respiretory	errest,	Ap	proximete ervel Between
sician		10000								On	set end Deeth
dicai niner		Immediate Ceuse (Fine) diseese or condition resulting in deeth)	e.	MPOXI	A					6	5 days
		resuming an deetily			es e conseq	uence of):					5 days
sit	ië.		b. TNE	EUMON	IIA					4	5 days
el-tra	Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	Δ		es e c <i>on</i> seq		1 . 01				
pni		ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events	C. ALQUIRE				ency Ski	JDROME		UNI	DETERMINE
s the	edicai	resulting in deeth) Lest		Due to (or e	es e conseq	uence of):					
ettending physician end for use es the buriel-transit	2		d							- !	
d for	Physician/	Part II Other eignificant conditions	entribution to don't	118 mmt en	ing le #b = :	adaduice es	han in Dard!	001 001	tohooss		
ed by the ettending detached for use	hys	Pert II. Other significant conditions co	0				iven in Peπ I.			atribute to the	cause of death'
gned t	by P	MALNUTRITION,	KENAL	INS	UFFICI	ENU		10	Yes 2□ No	a C stonen	Unknow
been sig should b	90								en eutopsy	24b. Were	eutopsy findings
Sho Che	Completed							perfe	ormed?	comple	ole prior to etion of ceuse
age 2	E							40	Yes 20 No		J. 1885
rector, pag	Be C	25. Wes cese referred to medical					00 Di	10		1 🗆 Ye	es 2 No
director, page	To B	exeminer?	Hospitel: Inpatie	nt 2DE	R/Outpetien	t 3D DOA	ther	eth (Check only	one) dence 6 □Oth	an (O-neit.)	
- m		27. Menper of Deeth	28a. Dete of Inju	ry 2	8b. Time of	28c. inju		Y	how injury occur		
e fun	tion	1. Naturel 5 ☐ Pending investigation	(Month, Da	y Year)	Injury		ork?]Yes 20XNo				
by th	Ifice	3 Suicide 6 Could not be	286. Piece of inju	ury - At hom	e, ferm, stre	et, fectory, office	/\		Street end Numb	per or Rural Ro	oute Number,
i g	Certification:	4 ☐ Homicide	building, etc	c. (Specify)				City or To	wn, Stete)		
		29a. Certifier Certifying Phy	vaician: To the best of	of my knowle	edge, deeth	occurred et the t	ime, dete end plece	, end due to the	ceuse(s) end me	enner es stete	d.
8	edicai	(Check only 2 Medical Exam	Iner: On the basis of end manner ste	exeminetion	n and/or inv	estigetion, in my	opinion, deeth occu	irred et the time,	date end place,	and due to the	cause(s)
E).	X	29b. Signature and title of certifier	11-11	1.6)	29c. Licen	se number		29d. Dete signe	d (Month, Day	Year)
1		* Kalkudy 1	Whist	M		AU41	76435W8	610	April 02	,1997	
X	1	30. Neme end eddless of person who c	completed cause of d	eath (Item 2	3e) (Type 1				Doot of	Modicio	at .
-		Kathyany W. Wale	Ed. M.D.			East Ilui		WW Bol	Aimero 1	UN 218	218

State Registrar 31. Dete filed (Month, Day, Yeer) APR 0 8 1997



State of Maryland / Department of Health and Mental Hygiene

97

						Cer	tificate	of	Death		R	eg. No.		10402
			1. Decedent's Name (First, Middle,	Last)						1	2. Date of Deat		Vaca	3. Time of Death
	Physic /Medi			Ngan Ch	ung Cha	an					Month April	4. 199	Year 7	5:30 PM
	/wedi Exami		4a. Facility Name (If not institution,					4	b. City, Tow	m, or Loca	ation of Death	4c. Count		7.20 111
7			Northwest Nur	sing Cente	r				Balt.	imore	e City	-	N/A	
	Funeral			. Sax 7. A	Age (In yrs. las	t birthday)	If Under 1		if Undar 2		B. Data of Birth (Month, Day)		1	laca (Stata or Foreign
п	Director		217-62-6534	1□M 2₩F	0/.	Yrs.	Months	Days	Hours					
Н	10		Usuai Residence of Decedent		-04						Novembe	er 10,	1912	-Gnina
	with the Maryland a or 25a-f show Lbe notified at		10a. State 10b. County		10c. City, T	Town or Lo	cation						10	Od. Insida City Limits
	2 7 E	to	Maryland N	/A	Ra1t	imor	e City	-						1∭ Yas 2□ No
	5 P	ire.	10e. Street and Number		Dane	- Inol	10f. Zip C				1	0g. Citizen of	What Coun	try?
	M M	0	6215 Marlora	Road				214	239				TICA	
	after death with the Marylar or items 23e or 28e-f show striner must be notified at	Funeral Director	11. Marital Status	12. Was Deceden	t Ever in U,S.	13. V	Vas Decede			In? (Spec	ify Yes or No- ican, etc.)	14. Ra	USA ce - America	
0	de de	Ē	1 Never Married 2 Marrie	Armed Forcas	3?] No					Puerto R	ican, etc.)	Bia	ck, White, e	efc.
Maryland 21215-0020		þ	3X Widowed 4 □ Divorced	If Yes, Give Year or Dates		1	□Yas 2¶	No	Specify:			Specif	v: Chi	nese
9	72 hours "natural", edical Exa	8	15. Decedent's		1	16a. Deced	lent's Usuai (Occup	ation			16b. Kind of B	usiness/Ind	lustry
27		Completed	(Specify only highast		· 6.1	(Give lite. D	kind of work OO NOT use	dona d	dunin <i>g m</i> ost f)	of working				
2	d withing piece.	E	Elementery/Secondary (0-12)	College (1-4or	3+)	Hor	nemaki	ng				Own 1	Reside	ence
D	be filed id offher event,	BeC	17. Father's Name (First, Middla, La	st)					18. Mother	's Name (First, Middle, I		-	0.100
a		To B	Yang Hock	Liu					Ti	11	Kok	Cha	nn.	
Ž	2 should by and Menta is marked sumatic ev	1	19a. Informant's Name/Relationship			19b. Mallin	a Address (Street			Route Number			Code)
×			Arnold T.L. Cha	, , , , ,										
6	Health Hem 27 other tr		20a. Method of Disposition	.1	20b. Plac	OGEIU TO BE	sition (<i>INAM</i> e	Or .		, ва.	Ltimore	Mary 20c. Location	Land C	21239 wn State
õ	80 = 5		1 ♥ Buriai 2 □ Cramation 3		0.000	atary, cren	natory or oth	er plac	(e)	1				
듶	tment tant: Pag tant: V		4 ☐ Donation 5 ☐ Other (Spe		Ever		_Ceme			4,	/8/97	Brookly	yn, Ne	ew York
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Service Lie	ensee			. Nama and				_			
-	00260	_	Martin D. Lav	wson_			tchel					7	1 01	
н			23a. Part1. Enter the disease, or conshock, or heart tailure. List or	implications that cause	ed the death. I	Do not ente	or the mode	of dyln	g, such as	ardiac or	respiratory am	est, lary 1	and Zi	Approximate interval Between
d	Physician			,									1	Onset and Death
м	/Medical		Immediate Cause (Final disease or condition	M.	occupho		Enfor	71	104.					
п	Examiner		resulting in deeth)	a	Due to (or as				(5,0)				- 1	
	AND THE	ner											!	
	that the death certificate be executed ed by the ettending physician and deteched for use as the buniet-transit	Examiner	Sequentially list conditions	b	Due to (or as	s a consec	uence of):							
Ó	exectin an and inel-tr		Sequentially list conditions, if sny, leading to Immadiate cause. Enter Undarlying Cause (Disease or Injury											
68760,	e be	Medical	that initiated events	C	Due to (or as	9 000000	ience off.						-	
68	ing phy e es th	P	resulting in death) Last		Due to (or as	a consaqu	aarioe oi).							
Box	certi		•	d										
m	es thet the death ce igned by the ettendi be deteched for use	Physician/			. 14 - 2-2 1-2-6				S 217=5					
o.	the d	ys	Part II. Other significant conditions	contributing to death	but nof resultir	ng in tha ur	iderlying cau	ise giv	en in Part i.					the cause of death?
0	thet i										1 U Y	es 2 No	3 Prob	bably 42 Unknow
of Vital Records,	8 5 8	l by											04h 14/0	are autonou findings
0	v requires been sign should be	Completed									24a. Was e perform	n autopsy ned?	svs	ere autopsy findings silable prior to appletion of cause
ec	> 11 0	npi										,	of c	death?
<u> </u>	The i	000									1 □ Y	es Zono	1 🗆	Yes 2□ No
ita	Physician: The lev this certificate hes rai director, page 2	Be	25. Was case raferred to medical examinar?						28. Place	of Death	Check only on	(e)	1	
f V	S 0.0	To	1 Yes 2 No	Hospital: 1 ☐ Inpat	tient 2 EA	l/Outpatien	t 3□ DOA	Oth	er: 4 Nur	sing Hom	a 5 Reside	ence 6 Ott	ner (Specify	()
0	g Physer this serai di		27. Mannar of Death	28a. Date of In (Month, D	jury 28	b. Time of	280	. Injun	at	28	d. Dascribe ho	ow injury occu	rred	
Division	Attending r deeth.	atio	1 Natural 5 Pending 2 Accident Investigat		ay rear	injury	M		Yes 2□N	lo				
/is	Attendir deeth	Hic	3 Suicide 8 Could no	ed 289. Place of I	njury - At home	e, farm, stre	et, factory, o	offica		28			ber or Rura	l Routa Number,
Ö	after Direction by	Certification:	4 Homicide	building, a	atc. (Specify)						City or Town	n, State)		
	To the Hospital or Attending Phy within 24 hours after deeth. To the Funersi Director: After thi completely filled in by the funeral		29a. Certifier Certifying	Physician: To the bes	t of my knowie	doe, death	occurred at	the tin	ne, date and	placa, an	d due to the c	ause(s) and m	enner es st	eted
	How 24 h	edical	(Check only 2 ☐ Medical Ex	amfner: On the basis end manner s	of examination	and/or inv	esfigation, in	my o	pinion, death	occurred	at the fime, d	ate and placa,	and due to	the cause(s)
	ithin of the	Me	29b. Signature and fitle of certifier				29c. l	icans	number		2	9d. Data signe	ed (Month, I	Dav. Year)
	Ø 14 € 14		NO N	N 16 A						2		1111	100	
-	6		Haymond 1	WW /	D			V4	768	3		7/0	17/	
_			30. Name end eddress of person with	o completed cause of	death (Item 23	3a) (Type, I	Print)							
			Raymond Miller 31. Date filed (Month, Day, Year)	, M.D. 722	0 Park	Heig	hts Av	enu	ie, Ba	1time	ore, Ma	ryland	2120	8
	Sta	_		A. 32 Regis	trar's Gignature				•		,			
	Registi	ar	APR 0 8 1997	11		1,500								

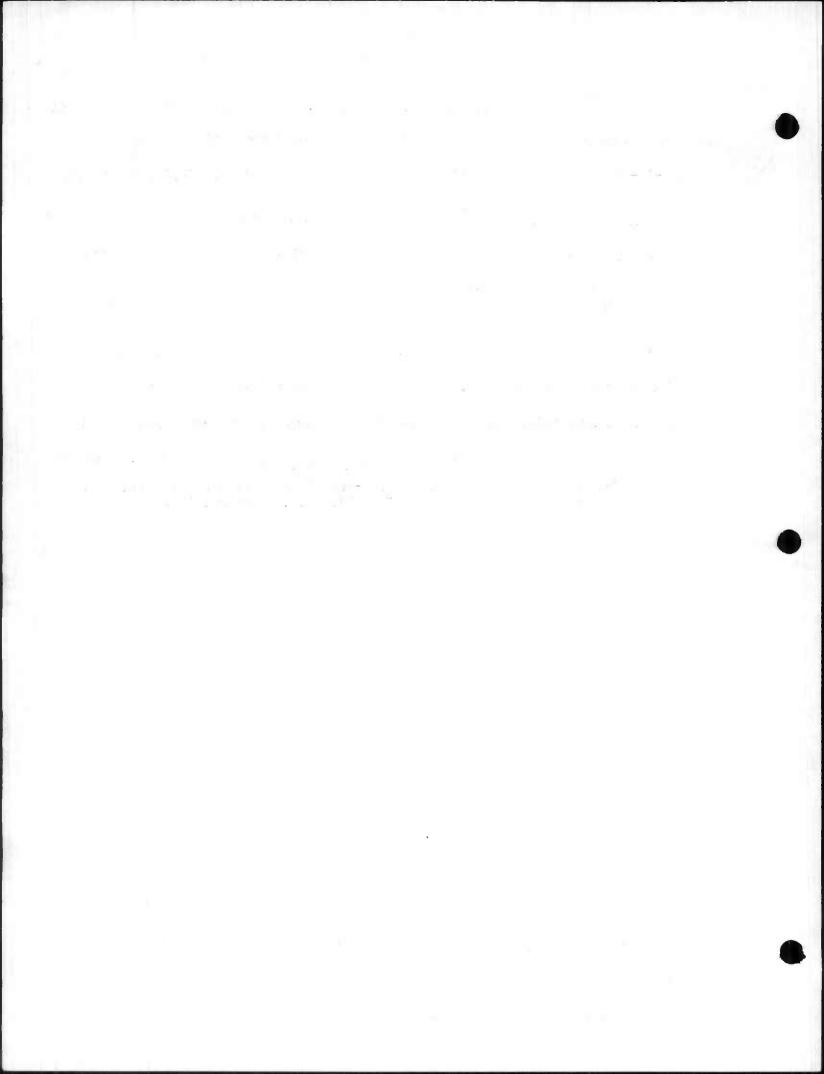
State of Maryland / Department of Health and Mental Hygiene

97

10453

					Cer	tificate c	of Death			Reg. No.		
Physic /Medi		Decedent's Neme (First, Middle, La		ı Howard	l Can	ipbell,			2. Dete of De Month April	Dey 4, 1997	Yeer	3. Time of Death 3:20 PM
Exami		4e. Fecility Neme (If not institution, giv 638 Oldham Stre)			Bal	wn, or Lo	cation of Deat re City	h 4c. County	42.00	
Funerai Director		5. Sociel Security Number 219-32-3553 Usuel Residence of Decedent	Sex 7. A 120 M 2□ F	ge (In yrs. last t	oirthday) Yrs.	If Under 1 Ye Months De		24 Hrs. Min.	8. Dete of Bir (Month, De April	rth ey, Year) 11,1935	9. Birthp Coun Nev	Nece (State or Foreign htry) U YOLK
with the Maryland a or 28a-f show be notified at	ctor	10e. State 10b. County Maryland	N/A	10c. City, To	wn or Loc	cation	Bal	timo.	re Cit	y	1	0d. Inside City Limits 1 ☑ Yes 2 Ū No
th with the	Funeral Director	10e. Street end Number 638 Oldham Road				10f. Zip Cod	212	24		10g. Citizen of V		•
72 hours after death with the Maryland naturel', or flems 23e or 28e-f show scal Evaminer must be notified at	by	11. Maritel Status 1 □ Never Married 2 □ Merried 3 □ Widowed 4 ☑ Divorced	12. Wes Deceden Armed Forces 1 ☐ Yes 2 ☐ if Yes, Give Yeer or Dates:	? [No	If	Vas Decedent of Yes, specify C ☐ Yes 2 13(1)	uben, Mexicar	gin? (Spe n, Puerto I	ecify Yes or No Rican, etc.)		ca - Americ ck, White,	etc.
d within 72 ho giene. ir than "natu	Completed	15. Decadent's E (Specify only highest gre Elementary/Secondary (0-12) 10 Years	ducation ede com <i>pleted)</i> Cotlege (1-4or		e. Deced (Give I life. D	ent's Usuel Ockind of work do NOT use rel	cupetion ne during mos ired)	t of worki	ng	16b. KInd of Bi	usiness/inc	dustry
should be filed within and Mental Hygiene. s marked other than " tumatic event, the Me	To Be C	17. Fether's Neme (First, Middle, Last, Nelson Howard Co. 19a. Informent's Name/Relationship (ampbell, S		De Mailin	a Address (Chris	Garl	and	Virgin	i, Maiden Surnam ia Arthu er, City or Town,	vi	Code
thent of Heelth trans: If Item 27 Is jury or other tra		William Campbell 20e. Method of Disposition 1 □ Burial 2 ☑Cremetion 3 □ 4 □ Donetion 5 □ Other (Specif	/Brother Removel from State (y)	20b. Pieca cemet	638 of Dispos ery, crem	Oldham sition (Neme of tetory or other)	Street	t Ba	Utimor Dete	e, Maryl 20c. Location - Towsor	land City or To	21224 own, State ryland
permi Depar Impor any Ir		21. Signature of Funeral Service Licer	C		1	1922 Wi	se Ave.	. Du	ndalk.	f Dundat Marylar	k, II	nc. 1222
Physician Medical Peasachter Physician and Samminer Physician and Samminer Physician and Samminer Physician Samminer Physician	an/Medical Examiner	23a. Pent1. Enter the disease, or com shock, or heart feilure. List only Immediate Ceuse (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or influy that initiated events resulting in deeth) Lest	. prei		o consequence consequence	uence of):						Intervel Between Onset end Deeth 2 MTHS 3 MTHS
that the death c led by the attenc deteched for us	Physician	Pert fl. Other significent conditions c	,		in the un	derlying cause	given In Pert I			tobacco use co Yes 2□ No	1	the cause of deeth
aw requiras is been sign 2 should be	Completed by P	chronic par	creati	F12				-100	24e. Wes	s en eutopsy ormed?	24b. We	ere eutopsy findings eilebte prior to mpletion of cause deeth?
Pa ate	Be Co	25. Wes case referred to medical examiner?					26. Plece	of Death	1 Check only	Yes 22No	1 [Yes 2 No
ing Phys h. After this funeral di	Certification: To	1 Yes 22 No 27. Menner of Deeth Naturel 5 Pending investigation 2 Accident 3 Suicide 4 Homicide determined	e 28e. Pieca of In	ury 28b	. Time of tnjury	28c. lr	njury et Vork? ☐ Yes 2 ☐	No 2	28d. Describe	idence 6 Oth how Injury occur (Street end Numb wn, Stete)	red	
Hospital or Attending Applies of Party Applies Funeral Director:	edical Ce	29a. Certifier (Check only one) Certifying Ph	yelcian: To the best niner: On the basis of end menners:	of examination e	ge, death and/or inv	occurred et the estigation, in m	time, date en y opinion, dea	d plece, e	and due to the	cause(s) end me date end placa,	end due to	teted. the cause(s)
To with no	Me	29b. Signeture end title of cartifier	mo				soos			29d. Date signe		Dey, Year)
7		30. Name end eddress of person who	, mp	ookns	MOP	MINS 1	BAYVIE	UM	·CTR .	BALTIM	ore	
Sta Registr		31. Date filed (Month, Day, Yeer) APR 0 8 19	32. Regist	rer's Signeture	~ Han	dalle						

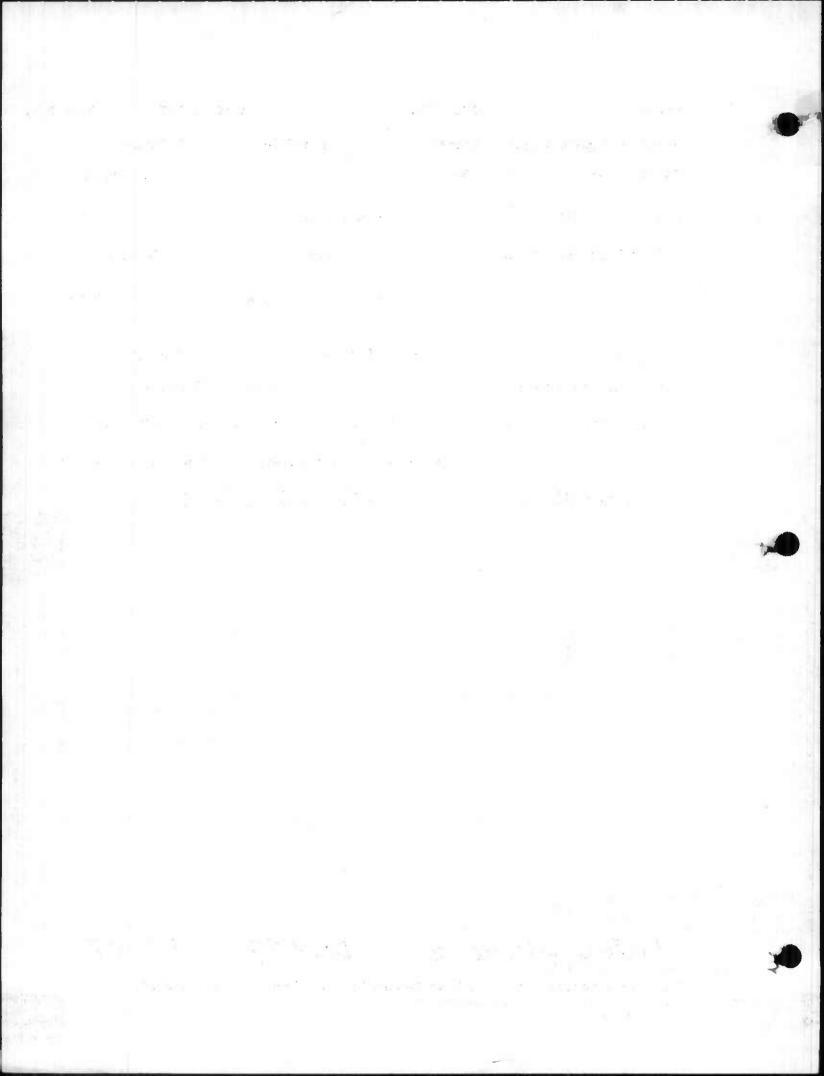
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State of Maryland / Department of Health and Mental Hygiene

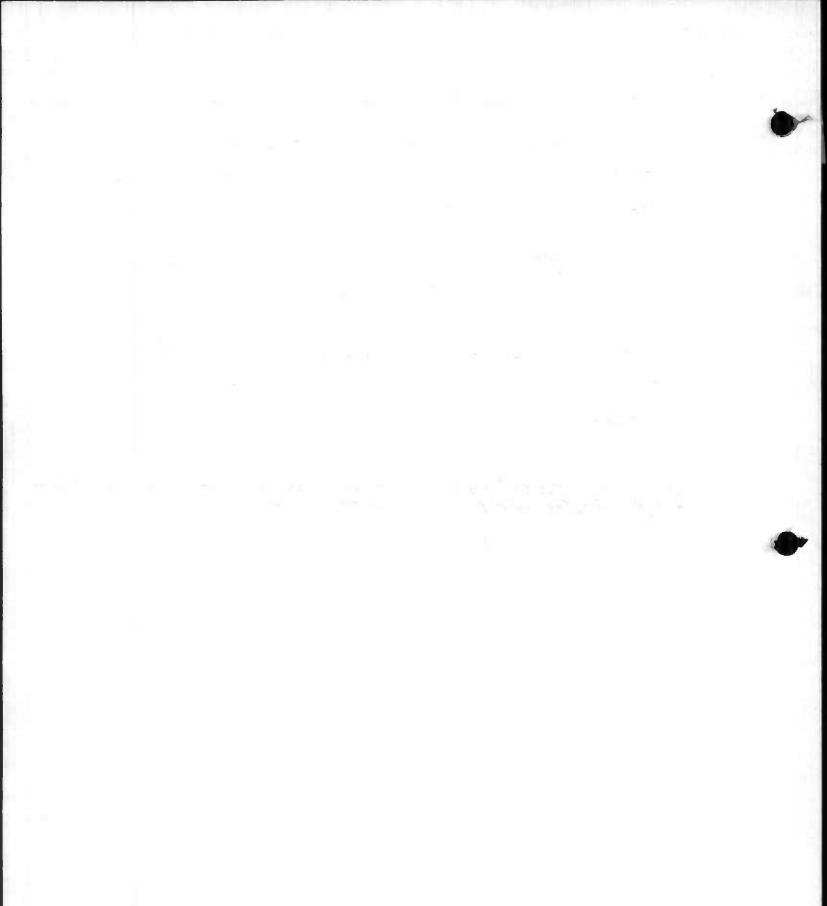
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					Cer	uncate o	Deam		Reg. No.		
Physician /Medical	Nieves	Neme (First, Middle,	C	COSTANT	INI			2. Dete d Month Apri		Yaer	3. Time of Deeth 7:48 P.M
Examiner uneral	4e. Fecility Nen	in Square			st birthday)	If Under 1 Ye	Roseda If Under 2	4 Hrs. R Date	Balt	imore 9. Birth	n
rector	213-28 Usual Residence		1□ M 21 F	68	Yrs.	Months Day	Hours	Min. (Mont) Marc	h 19,19:	29 Sp	nplace (State or Foreig untry) ain
-f ahow	10e. Stete Marylar	10b. County	1	10c. City,	Town or Lo		imore				10d. Inside City Limit
be notified Director	10e. Street end	Number				10f. Zip Code	•		10g. Citizen	of Whet Cor	untry?
23a o	4407	Parkmont	Avenue			2	1206			J.S.A.	
"natural", or items 23a or 28a-l ahow edical Examiner naist be notified at leted by Funeral Director		Married 2 Marrie	If Yes, Give	s? No				in? (Specify Yes of Puerto Rican, etc Spanish		Reca - Amer Black, White	
tural be	3 AV WIDOW	ed 4 Divorced	Yeer or Detes					Spanish			
event, the Medical It	(5	15. Decedent's Specify only highest	grede completed)		(Give I	ent's Usual Occ kind of work don OO NOT use reti	cupation ne during most ired)	of working	16b. Kind o	of Businass/I	ndustry
vent, the Me	12th gr	econdery (0-12)	Collaga (1-4o	or 5+)		s Perso			Bake	erv	
event, Be C		me (First, Middle, La	ast)				18. Mother	's Name (First, Mi	ddle, Maiden Sur	name)	
matic e	Jose	G. Fern	nandez				Asce	ension	Maciera	as	
e L		s Neme/Relationship	p (Type, Print)		19b. Meilin	g Address (Stre	et end Number	r or Rural Route N	umber, City or To	wn, Stete, Z	ip Code)
other tra	Maria	N. Costan	ntini (dght	tr)	4407	Parkmo	nt Aver	nue, Balt	imore, l	MD 21	206
r oth	20e. Method of		□Removel from Stet	0.00	e of Dispos	sition (Neme of etory or other p	lece)	Dete	20c. Locati	on - City or T	Town, State
0 7		on 5 Other (Spe		Θ		-		ery 4/8/	97 Balti	more,	Maryland
any injury or other traumatic once.	21. Signeture o	Funerel Service Lic	censee			Name end Add					
2 9	1/1	11/1/20						eral Home l., Balti		212	26
	23a. Pert1. Ent	er the disease, or co	omplications that causely one ceuse on eech	ed tha deeth.	Do not ente	r the mode of d	ying, such es o	ardiac or respireto	ry errest,	212	Approximete
cian			., 5.15 55255 511 5551								Intervel Between Onset end Death
ical ner	Immediata Ceu disease or cond	dition	e Coronar	v arte	rv di	sease					3 years
	resulting in dea	th)	e. <u>30101141</u>	Due to (or e							5) 6 4 1 5
in a			Myocard	dial in	farct	ion				H	3 years
i Examiner	Sequentielly list if eny, leading to cause. Enter U Ceuse (Diseese	t conditions, to immediate inderlying	0.	Due to (or e	s e сопsequ	uence of):				1	
use as the bur	thet initiated ever resulting in dee	erits	d.	Due to (or es	e consequ	ence of):					
d be detached for use as the buriel-transit	Pert II. Other sig	nificant conditions	contributing to death	but not resulting	ng in the un	derlying cause (given in Pert I.	23b.	Did tobacco use	contribute	to the cause of death
be detac									I□Yes ŽŪN	io 3 Pro	obably 4 Unknow
2 shoul									Ves en eutopsy enformed?	6.	Vere eutopsy findings veileble prior to ompletion of cause f daeth?
director, page									☐ Yes 2 N	0 1	☐ Yes 2☐ No
Be	25. Wes case re exeminer?	eferred to medical						of Deeth (Check o	nly one)		
	1 ☐ Yes 2	P No	Hospitel: 1 Inpat	tient 2 ER	/Outpetient	3LI DOA		sing Home 5 F	Residence 6 🗆	Other (Spec	ify)
ed in by the funeral Certification: 7	27. Menner of D 1 Neturel 2 Accider 3 Sulcide	5 Pending		jury 28 ley Year)	b. Time of Injury	28c. Inj W M 1[ury et ork? □ Yes 2 □ N		be how injury oc	curred	
	4 Homicic		286. Piece of it	njury - At home etc. <i>(Specify)</i>	, farm, stre	et, fectory, office	9	28f. Locati City of	on (Street end Nu Town, State)	imber or Rui	ral Route Number,
pletely fill edical	29a. Certifiar (Check only one)	1⊠ Certifying F 2 Medical Ex	Physician: To the besi aminer: On the basis end mennar s	of exeminetion	dge, daath and/or inve	occurred at the estigetion, in my	tima, data and opinion, deeth	plece, end dua to occurred at the ti	tha cause(s) end ne, dete end ple	mannar as	stated. to the ceuse(s)
Me	29b. Signature e	and title of cartifier				29c. Licer	nse number		29d. Dete si	ngd (Month	Dey, Year)
0) (ii	tura	D. Line	1 711	10	7	080	57	4	4/9	7
1	30. Neme end e	ddress of person wh	o complated cause of	death (Item 23	le) (Type, P		7 0		0/	001	1
1		uro Norio					Baltima	re. Mars	land 21	237	
State	31. Dete filed (M	lonth, Day, Yeer)					_u_u_u	Luy Huly		-51	
State Registrar		lonth, Day, Yeer)		ranklin		re Dr.	Baltimo	ore, Mary	land 21	237	



State of Maryland / Department of Health and Mental Hygiene

	I	tem	s: 23 part I,27,28a-f 1. Decedent's Neme (First, Middle, L	per MEO G-74	46 4/10/9	7 Cen	tificate	of D	eath	2. Dete o	Reg. No.		3. Time of Death
	Physic		JIMMIE	WAYNE		CC	LE			MAR		1997	5:40 PM
9	/Medi Examir		4e. Fecility Neme (If not institution, gi	ve street end number)			4b.	City, Town	, or Location of D		y of Deeth	3.40 111
			1012 N. CAR	LTON AVE					BALT	TIMORE			
	Funeral Director		5. Sociel Security Number 6. unknown	Sex 7. A	ge (In yrs. last 47	birthday) Yrs.	If Under 1 Months I	Year Deys	if Under 24	Hrs. 8. Dete of (Month)	Birth Day, Year) 1, 1949	1	olace (State or Foreign ntry) nown
	h the Maryland r 28a-f show	tor	Usuel Residence of Decedent 10a Stete Maryland 10b. County		10c. City, To Balt	own or Loc imore	ation					1	0d. Inside City Limits 12□ Yes 2□ No
	h with the 23a or 28a	al Director	10e. Streef end Number 3913 Carlise Av	enue			10f. Zip C	ode 216			10g. Citizen of unkno		nfry?
020	n 72 hours after deeth with the Maryland "natural", or Hems 23s or 28s4 show adcal Examinet must be notified at	by Funeral	11. Maritel Status unknown 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces' 1 Yes 2 If Yes, Give Yeer or Dates:	Ever in U,S. No unkno	WIT		nt of Hisp Cuben,		? (Specify Yes of Puerto Ricen, etc.		ce - Americ eck, Whife,	
5-0	72 hc netui	eted	15. Decedent's E (Specify only highest gi	ducetion ede completed)	16	Se. Decede	ent's Usuel (Occupeti done du	on ring most of	f working	16b. Kind of B	Business/Inc	dustry
21215-0020	d within giene. or than "	Completed	Elementery/Secondary (0-12) unknown	College (1-4or unknow	5+)	`life. D	unkno	retired)			unkno	own	
Maryland	should be filed and Mentel Hygis marked other imatic event, ill	To Be C	17. Fether's Neme (First, Middle, Las unknown	1)				1		Neme (First, Mid Known	ldle, Maiden Suma	me)	
	200		19e. Informent's Neme/Relationship unknown	(Type, Print)	1:	1	Address (S known	Street an	d Number o	or Rural Route Nu	mber, City or Town	n, Stete, Zip	Code)
Baltimore,	emit. Peges 1 and epartment of Health portant: If Item 27 ny Injury or other tr		20e. Method of Disposition 1 Burial 2 Cremetion 3 4 Donetion 5 Other (Special Content of the Content of t		ceme	of Dispositery, cremi	ition (Name atory or othe	of erplace)		Dete	20c. Location	- City or To	wn, State
Balt	permit. Pe Departmen Important: any Injury once.		21. Signefure of Funeral Service Lice		1			Ana	tomy	-		ltimo	re Street
			23s. Past. Enter the disease, or con shock, or heart failure. List only	oplicetions that cause	d the death. D	o nof enter	the mode of	of dying,	such es car	yland 21 rdiac or respireto	y errest,	1	Approximate Intervel Between
-	Physician /Medical Examiner		Immediete Ceuse (Final diseese or condition resulting in deeth)		INTOXIC	CATION	Lo						Onset end Deeth
	cuted nd nanelt	Examiner	Sequentially list conditions.	b. ———	Due to (or es	e consequ	ence of):						
68760,	Ifficate be executing physician and as the burial-tran	edical Ex	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Undertying Cause (Disease or injury the initieted events resulting in deafh) Last	C	Due to (or es	e consequi	ence of):	<u>.</u>					
Box 68	ding de s	-	resulting an obain) Last	d	`							<u> </u>	
	0 0 0	Physician/N	Pert II. Other significant conditions	contributing to death b	out not resulting	j in the und	derlying ceu	se given	in Pert I.	23b. I	Oid tobscco use co	ontributs to	ths cause of desth'
, P.O.	es thet the de igned by the a be detached	by Phy								1	☐ Yes 2☐ No	3 Prol	bably 4 Unknow
Vital Records,	aw requir is been s 2 should	Completed b								24e. V	Ves en eutopsy erformed?	CO	are eutopsy findings eileble prior to mplefion of ceuse deeth?
<u>~</u>	The ate h	Con								1	Yes 2□No	16	Yes 2□ No
Vita	Physician: The this certificate ral director, pag	Be	25. Was cese referred to medical exeminer?	11						Deeth (Check or	nly one)		AT
o	hys his	7	XXYes 2 No	Hospitel: 1 Inpati		Outpetient		Other:	4 LI Nuisii	ng Home 5 🗆 F		her (Specify	SCENE
Division	il or Attanding P s efter death. I Director: After ti d in by the funera	atlon	27. Manner of Deeth 1 Neturel 5 Pending 2 Accident Investigation		y Year) fo	Time of Injury	M	. Injury e Work? 1 ☐ Ye	es 2 ⊠X No		be how injury occu n	rred	
N N	ital or Atti	Certification:	3 ☐ Suicide 8 2 Could not be determined	200. FIBUR UI III	c. (Specify)		et, factory, o	office		28f. Locafic City or	n (Street and Num Town, State) 10: Baltimore	12 N. C	Andre Number,
	To the Hospital or within 24 hours effe to the Funeral Dir completely filled in	edical	29a. Certifier (Check only one) 1 Certifying Pl 2 Medical Exam	nysicisn: To the best miner: On the basis o end marmor st	f examinetion e	ge, death o end/or inve	estigation, In	the time, my opin	dete end p lion, death o	elece, end due to occurred et the tir	the ceuse(s) end m ne, date end plece	enner es si , end due to	eted. the ceuse(s)
)	To t To tl	Σ	29b. Signeture end title of certifier	9/4/				icense n	M.E.		29d. Date sign		
			30. Name end eddress of person who	mber	11.) (Type, P 1 Pe	nn St	tree	et, B	altimo	re, Mar	yland	21201
	Sta Registr		31. Dete filed (Month, Day, Yeer) APR 0 8 1997	32. Registr	er's Signeture	400_							



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State of Maryland / Department of Health and Mental Hygiene

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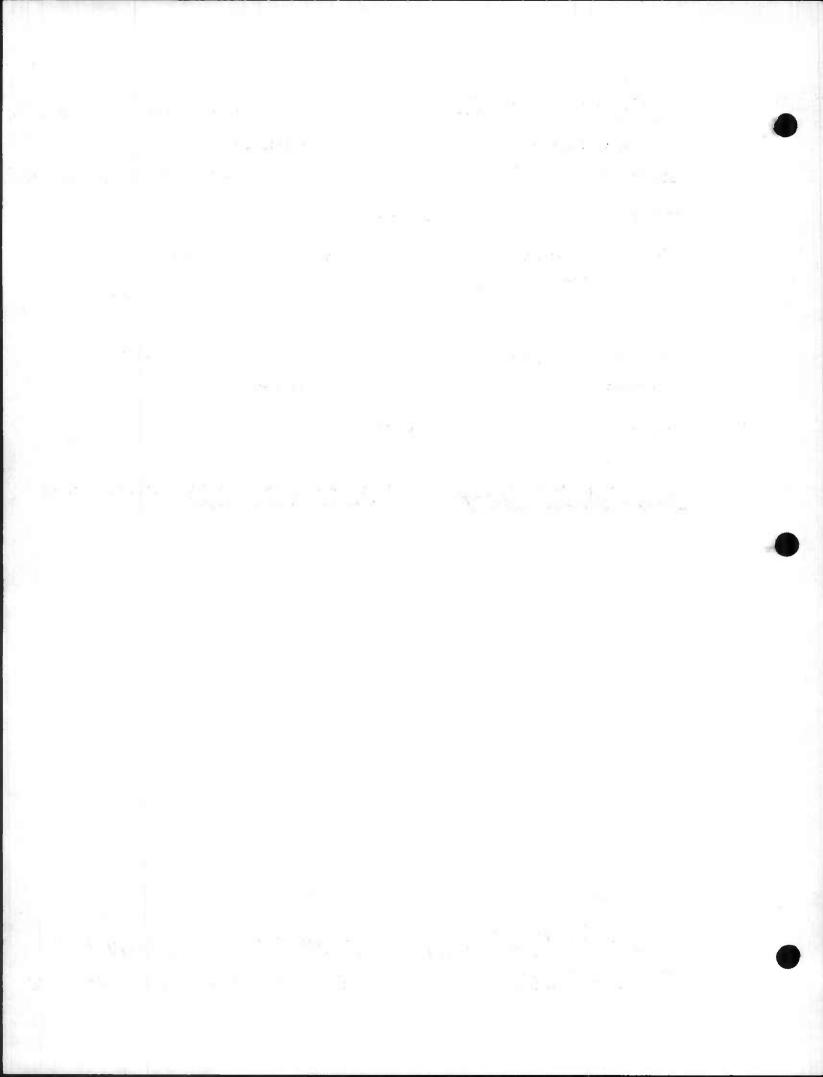
,							of Death			Reg. No.		
•	Decedent's Nam	ne (First, Middla,	Last)						2. Data of Dea		VIII	3. Time of Death
i .	Florence	Eliz	abeth	COL	E				Month April	3,1997	Year	1:25 P.M.
ŀ	4a. Facility Name (If not institution,	give street and nu	ım <i>ber)</i>			4b. City, To	wn, or Lo	ocation of Death	-	of Death	
	Franklin	Sauare	Hospita	1 Center			Rosed	210		Rolt-	imore	
	5. Social Sacurity N		S. Sex	7. Age (In yrs. la		If Undar 1 Ya			8. Date of Birt	h		
	216-18-	9388	1□ M 2 2 €F		Yrs.	Months Da	ys Hours	Min.	Jan 3	7, Year) 1901	Mar	placa (Stata or Foraign ntry) y Land
+	Usual Rasidence o	of Decedent		30					oun or	1301	That	1 Iuna
	10a. State	10b. County	_	10c. City	, Town or Lo	cation						10d. Inside City Limits
2	Md.	Ba1	timore				Middl	e Ri	ver			1 ☐ Yes 2 No
6	10e. Street and Nu	mber				10f. Zip Cod	е			10g. Citizen of	What Cou	ntry?
2	12 Whi	tethorn	Wav				21220		-	USA		
<u> </u>			12. Was Dec	edent Evar in U,S	S. 13. V	Was Decedent of		gin? (Spe	ecify Yas or No-	14. Ra	ce - Americ	cen indian,
3	1 Never Marr	ried 2 Marrie	d 1 ☐ Yes	2 No				, Puerto	Ricen, etc.)	Bia	ck, White,	etc.
	3₹≦ Widowed	4 Divorcad	If Yes, G	ve	1	1□Yes 25€1	No Specify:			Specif	Y: W.	hite
3		15. Decedent's	Education		16e. Deced	dent's Usual Oc	cupation			16b. Kind of B	usiness/In	dustry
		cify only highest	grade completed)		(Give life. L	kind of work do DO NOT use rea	ne during most tired)	ol worki	ing			,
5		ondery (0-12)	College (1-40r 5+)	Н	Iomemake	r			Own	home	
		(First, Middle, La	ist)					r's Name	(First, Middle,			
	Archiba	ald	Ecclesto	on							0	
					19h Mailin	na Address /Sta					State 7	Code)
				nter								
-			ni / daugi					ay				
Ι.		•	☐Removal from	State C6	metery, cren	natory or other	olace)					
				Ga	rdens	of Falt	in ceme	tery	4/1/9/	KOSST	итте	Ma.
	21. Signature of Ft	aneral Service Li	D seened	11					omo of	Focov		
	PR.	Terr	ul Con	1 1 1 1 V		_					7	
	23a. Part1. Enter t	he disease, or o	omplications that	caused the death.	Do not ente	er the mode of	dying, such as	cardiac c	or respiratory ar	rest,	7	Approximate
1	STIGON, OT TIGO	in randro. Cist	ny y no cause on	racin mic.	1							Interval Between Onset and Death
1	immediate Cause	(Final	Hypo	vomin							- 1	12 hours
	resulting in death)	n	а. пуро								1	12 Hours
5						uenca or):						
			■ b. Kena			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1	
	if any, leading to in	nditions, nmadiata	77			uence or):						
	Cause (Disease or	Injury	c. Heart								1	
	resulting In deeth)	Last		Due to (or	as a consequ	uance ot):					i	
			d									
	Part II. Other algnif	licant condition	s contributing to d	eath but not rasul	ting in the ur	nderlying causa	given in Part I.		23b. Dld t	obacco use co	ntributa t	o the cause of death?
									101	Yes 21 No	3 Pro	bably 4 Unknow
									2700 111000	Law II reco	T 04: 11:	
									24e. Wes	en eutopsy med?	av.	ere eutopsy findings railable prior to
											of	mpletion of cause death?
									1 🗆 Y	res 21 No	1[☐Yes 2☐No
		red to medical					26. Place	of Deeth	n (Check only o	ne)		
	examiner? 1 ☐ Yes 2 ☑	No	Hospital:	Inpatient 2 P	R/Outpatien	t 3□ DOA	Other				ner (Snerii	(v)
	27. Manner of Deat		28a. Date	of Injury	28b. Time of			-				,,
	1 Natural	5 Pending		th, Day Year)	Injury			No				
	3 ☐ Suicide	6 ☐ Could no	t be 280 Binor	of injury - At hor	ne farm etre				28f. Location /S	Street and Numi	ber or Run	al Route Number
	4 Homicide	determin	build	ing, etc. (Specify)	,, 3(10				City or Tow			
	29a. Certifier	1X) Contibulan	Davidalan, Taus	hand of marking	Index dash			-				
	(Check only one)	2 Medical K	Phystolan: To the parties of the par	asis of examination	ledge, death on and/or inv	occurred at the restigation, in m	y opinion, deat	d placa, a th occurre	and due to the o ed at the time, o	cause(s) end m dete end plece,	anner as s and due to	tated. the cause(s)
	Orie)	title of continu	and man	ner stated.		200 110	anea numba-			20d Data size	od /Adamst	Day Voss
	20h Sinnatura and		/			290. LIC	ense number		١.	29d. Date signe	a (wonth,	Day, rear)
	29b. Signatura and	Title of Cartifol	VIII									
	29b. Signatura and	The of Carling	(Cy	0.0.		R D	2113			April 3	, 199	97
	29b. Signatura and					Print)				_		97
	•	ess of personwi	/	se of deeth (Item Frankli		Print)		ore,		_		97
		Usual Rasidence of 10a. State Md. 10a. Street and Nu 12 Whi 11. Marital Status 1 Never Man 3\overline{\text{Widowed}} (Specific Status) 17. Fathar's Nama 19a. Informant's N 19a. Informant's N 19a. Informant's N 19a. Informant's N 19a. Informant's N 19a. Informant's N 19a. Informant's N 19a. Informant's N 19a. Informant's N 19b. Informant's N 19b. Informant's N 19c. Information N 19c. Information N 19c. Information N 19c. Information N 19c. Information N 19c. Information N 19c. Information N 19c. Information N 19c. Inf	Md. Bal 10e. Street and Number 12 Whitethorn 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorcad 15. Decedent's (Specify only highest Elementary/Secondery (0-12) 6th 17. Fathar's Nama (First, Middle, La Archibald 19e. Informant's Name/Relationshiphelen Errickson 20a. Method of Disposition 12 Burial 2 Cremation 3 4 Donation 5 Other (Specify only highest Elementary) 21. Signature of Funeral Service Life 23a. Part Enter the disease, or on shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock, or heart failure. List on the second shock of the second shock o	Usual Rasidence of Decedent 10a. State 10b. County Md. Baltimore 12 Whitethorn Way 11. Marital Status 1 Never Married 2 Married 31 Widowed 4 Divorcad 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) 6th 17. Fathar's Nama (First, Middle, Last) Archibald Ecclesto 19e. tnformant's Name/Relationship (Type, Print) Helen Errickson /daugh 20a. Method of Disposition 12 Burial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee 13. Part I. Enter the disease or complications that shock, or heart failure. List only the cause on shock, or heart failure. List only the cause on shock, or heart failure as the cause of the cause (Final disease or conditions resulting in death) 14. Part II. Other algnificant conditions contributing to design of the conditions of the cause (Disease or Injury that initiated events resulting in death) 25. Wes case referred to medical examiner? 1 Yes 2 No Hospital: 1 Nother algnificant conditions contributing to design of the conditions of the conditions contributing to design of the conditions of the conditions contributing to design of the conditions contributing to design of the conditions contributing to design of the conditions contributing to design of the conditions contributing to design of the conditions contributing to design of the conditions contributing to design of the conditions contributing to design of the conditions contributing to design of the conditions contributing to design of the conditions contributing to design of the conditions contributing to design of the conditions contributing to design of the conditions contributing to design of the conditions contributing to design of the conditions contribut	Usual Rasidence of Decedent 10a. State 10b. County Md. Baltimore 10c. City Md. Baltimore 10c. City Md. Baltimore 10c. City Md. Baltimore 10c. City Md. Baltimore 10c. City Md. Baltimore 10c. City Md. Baltimore 10c. City Md. Baltimore 10c. City Md. Baltimore 10c. City Md. Baltimore 10c. City Md. Baltimore 10c. City Md. Baltimore 10c. City Md. Baltimore 10c. City Md. Baltimore 11c. City Md. Baltimore 11c. City Md. Baltimore 11c. City Md. Baltimore 11c. City Md. Baltimore 11c. City Md. Baltimore 11c. City Md. Baltimore 11c. City Mmel Forest? 1	Usual Rasidence of Decedent 10a. State 10b. County 10c. City. Town or Lot	Usual Rasidence of Decedent 10a. State	Usual Rasidence of Decedent 10b. County Md. Baltimore 10c. City, Town or Location Middl	Usual Rasidence of Decedent Usua	Usual Rasidence of Decedent 100. County	Usual Residence of Decodent 10c. Colary 10c. City, Town or Location Middle River	Usual Rasidence of Decedent 10c. Coty) Main Month, Day's Year Marin Jan 3,1901 Main Marin Jan 3,1901 Main

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

e 97

				Cert	ilicate of	Death		Reg. No.		
	Physic /Medi		1. Decedant's Nama (First, Middla, Last) BETTY CUISE				2. Data of De Month March	Day	Yaar	3. Tima of Death 10:28 P.M
	Exami		4a. Facility Nama (If not institution, giva street and number)			4b. City, Town, or Baltime	Location of Deat		of Death	
	Funeral Director		212-34-4624 1 M 2KDF 68	yrs. last birthday) Yrs.	If Under 1 Yea Months Days	r If Undar 24 Hrs				iaca (Stata or Foraign etry)
	Marylend f show	tor	Usual Rasidanca of Decedant 10a. Stata 10b. County 10c. Maryland	City, Town or Loca Baltimor					1	0d. Insida City Limits 1 ☑ Yas 2 ☐ No
	h the	rec	10e. Street and Number		10f. Zip Coda			10g. Citizan of	What Coun	itry?
	th with	al D	469 Augusta Avenue		2122	9		U.S.A.		
20	be filed within 72 hours effer death with the Maryland ntal Hygiene. Id other than "natural", or Hems 23a or 28a-f show event, the Medical Examiner must be nothered at	by Funeral Director	11. Marital Status unknown 1 □ Nevar Married 2 □ Married 3 □ Widowed 4 □ Divorced 12. Was Decedent Evar in Armed Forcas? 1 □ Yas 2 ☒ No If Yas, Giva		as Decedant of Yas, specify Cu	Hispanic Origin? (S ban, Maxican, Puari Specify:	pecify Yas or No o Rican, atc.)		ce - Amaric ck, Whita, a y: Whit	atc.
8	hour tural		3 ☐ Widowed 4 ☐ Divorced Yaar or Datas: 15. Decedant's Education	16a Deceda	int's Usual Occu	ination		16b. Kind of B	uelonee/lov	duetry.
212	nin 72 n "na Medis	Completed	(Specify only highast grada complated)	(Giva ki	ind of work done O NOT usa ratir	a during most of wor	rking	Too. Kind of B	JSII IESS/II IC	lustry
212	d with	E O	Elemantary/Secondary (0-12) Collaga (1-4or 5+) unknown unknown	unk	cnown			unkn	own	
Maryland 21215-0020	S a b	To Be C	17. Fathar's Nama <i>(First, Middla, Last)</i> unknown			18. Mothar's Nar unknown		, Maidan Suman	па)	
any	0 = =	-	19a. Informant's Name/Ralationship (Type, Print)	19b. Mailing	Addrass (Stree	et and Number or Ru	ıral Routa Numb	er, City or Town,	Stata, Zip	Code)
	and 2 selth n 27 i		unknown	unkn						
Baltimore,	permit. Pages 1 and 2 should Depertment of Heelth end Mer Important: If Item 27 is marks any Injury or other traumatic ence.		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☑ Other (Specify)	b. Placa of Disposi cematary, crama	itlon (Nama of atory or othar pl	aca)	Data	20c. Location -	· City or To	wn, Stata
Balt	permit. Pa Depertmen important: any Injury		21. Signatura of Funaral Sarvice Licansee Joseph B Vam Sant	S		rass of Facility atomy Boa e, Maryla			imore	e Street
	Physician		23a. Paul. Enter tha disaasa, or complications that caused tha d shock, or haart failura. List only ona causa on each lina.	death. Do not anter	r tha moda of dy	ring, such as cardiad	or raspiratory a	rrast,		Approximata Intarval Batween Onset and Death
ľ	/Medical Examiner		rasulting in death)			MELL	ITU_	S		YEARS
		è	Dua	to (or as a consaqua	anca or):					
oʻ	axecuted an and rial-trensi	Exami	Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury	to (or as a conseque	ance of):			· · · · · · · · · · · · · · · · · · ·		
ox 68760,	certificete be asscuted nding physician and use as the burial-trensit	n/Medical Examiner	Causa (Disaase or Injury that Initiated evants rasuiting in death) Last	o (or as a consequa	anca of):					
m	ires thet tha death co signed by the attend d be detached for us	Physician/	Part II. Other significant conditions contributing to death but not	rasulting in tha unc	darlying causa g	ivan in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?
٣.	thet the						10	Yes 2□ No	3 Prot	bebly 4 4 Unknown
Division of Vital Records, P.O.	v requ	Completed by						an autopsy ormed?	ava	ara autopsy findings aliable prior to mpletion of causa daath?
Be	he lev te hes	mo	/				1 🗆	Yas 2 12 No		Yas 2 No
E	delan: The certificate rector, peg	BeC	25. Was casa referred to medical			28. Piaca of Dec				
<u>_</u>	Physician: rthis certific	To	axaminar? 1 ☐ Yas Z No Hospitai: 1 ☐ Inpatient 2	2 ER/Outpatient	3□ DOA O	ther: 4 Nursing H	Ioma 5 Amil	deque 6 DOtt	er (Specif)	n
iono	Attending Programmers After the by the funerei		27. Manner of Death 1 Natural 5 Pending 2 Accidant invastigation	28b. Tima of Injury	28c. Inju W M 1	ury at ork? ☐ Yas 2 ☐ No	28d. Dascribe	hold injury occut	Fed	
Divis	al or Attending P s after death. Il Director: After I ed in by the funer	Certification:	3 ☐ Suicida 6 ☐ Could not be detarmined 28a. Place of Injury A building, sic. Sp	thoma farm, street	et, factory, office	•	28f. Location (City or To	Street and Numbers, Stata)	Perjor Rura	Routa Number,
	To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical (29a. Certifiar (Check only one) Certifying Physician: To the best of my 2 Medical Examiner: On the basis of axam and mannar stated.	knowledga, daath o	occurred at tha t estigation, in my	tima, data and place oplnion, daath occu	, and dua to tha med at tha tima,	causa(s) and madata and place,	anner & st and dua to	ated. tha cause(s)
	To th To th comp	M	29b. Signature and title of cartifier Evelousse		D3	158 number 3 495 2		29d. Data signe	1/9	7
			30. Name and address of person the completed cause of death (I	Itam 23a) (Type, Pr	rint) Belo	is RI	BAL	TIMOR	EM	DZ1206
	Sta Registi		31. Data filed (Month, Day, Year) APR 0 8 1997							



State of Maryland / Department of Health and Mental Hygiene

97 1045

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death COLEMAN **Physician** Month Vaar MARIE 11:50 am 1997 APRIL /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Saint Agnes Hospital N/A Baltimore If Undar 1 Yaar | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1 □ M 25 F 84 Yrs. Director 082-14-5526 Sept 11,1912 Virginia Usual Residanca of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Director 1 Yas 2 No VaNottoway Burkeville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ 238 23922 Route 1 Box 905 USA Funeral items 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 23 No If Yas, Giva Year or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, etc. 11. Marltal Status Pages 1 end 2 should be filed within 72 hours after tent of Health and Mental Hygiene.
nt: If Item 27 is marked other than "natural", or ite 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced **Black** Completed traumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) 12th College (1-4or 5+) Housewife Domestic 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumeme) Be Shadrack Booth Frances Nash 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Health ar important: If item 27 is any injury or other trau John L. Booth (Brother) Route 1 Box 910 Burkeville, Va 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State *Surial 2 Cremation 3 Removal from State Star Hope Cemetery 4/10/97 Rice, Virginia 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Address of Facility Caple Funeral Service 21. Signature of Funeral Service Do 5502 Winner Avenue Baltimore, Md 21215 clications that caused the death. Do not antar tha mode of dying, such as cerdiac or raspiratory arrest, one cause on each line. Approximate Interval Batwaan Onset and Death **Physician** 740 /Medical Immadiata Cause (Final ASPIRAtion disaasa or condition rasulting in daath) Examiner Gastro-Esoph geal Reflux Examiner physician and the burief-transit Saquentially list conditions, if any, leading to Immadiate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated evants resulting in death) Last P.O. Box 68760, Physician/Medical Dua to (or as a consaquence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown AORTIC Stenoon And Impufficiency Records, Be Completed by 24b. Ware autopsy findings available prior to 24a. Was an autopsy performad? Moderately severe Mitral Insufficiency completion of ceusa of death? Chronic Renal Cailure, In sulin Dependent Dia betes
25. Was cose referred to medical
examiner?

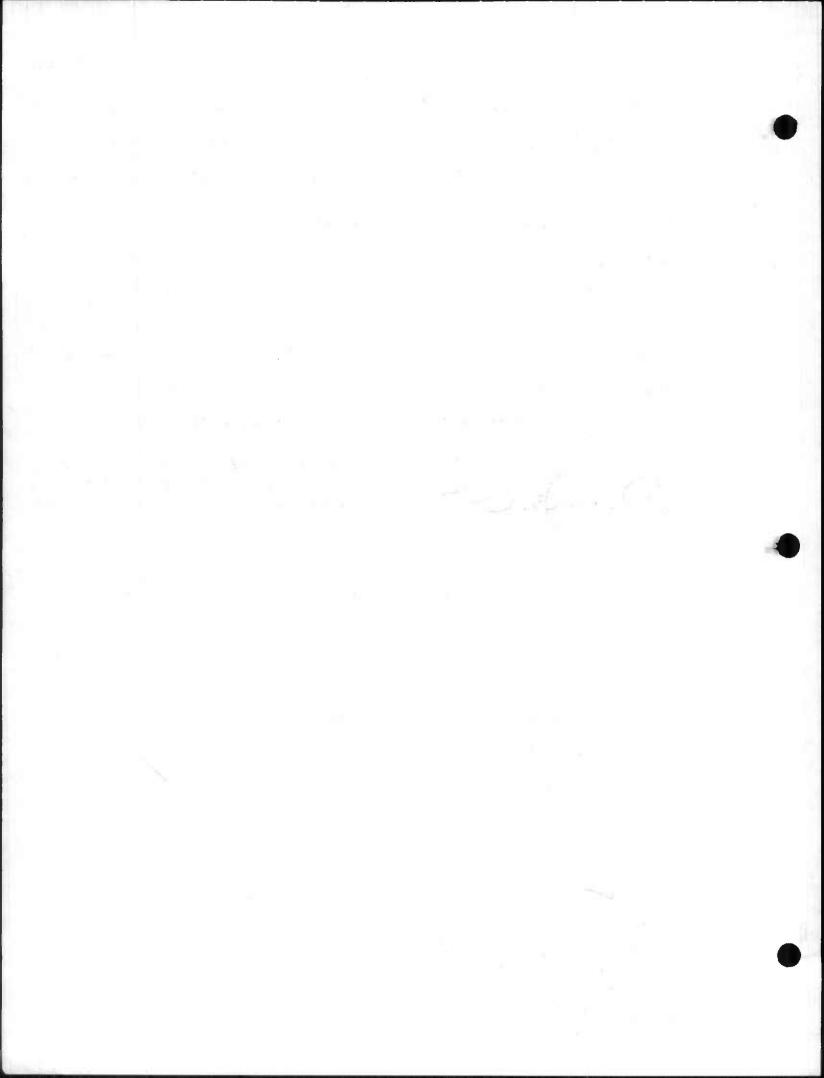
26. Placa of Death (Check only one) 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician:
 Abours effer deeth.
 Funeral Director: Affer this certifical effet filled in by the funeral director. Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending 1 Yas 2 No 2 Accident invastigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours e To the Funeral D completely filled Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edicai 29a, Cartifiar 29b. Signature and title of certifiar 29c. Licanse number 29d. Data signed (Month, Day, Year) Resid ent 30. Nema and address of person who complated cause of death (Item 23e) (Type, Print) NAME SAH LIAS " Davidson-1 31. Data filed (Month, Day, Year)

DHMH 16 Rev 6/95

Registrar

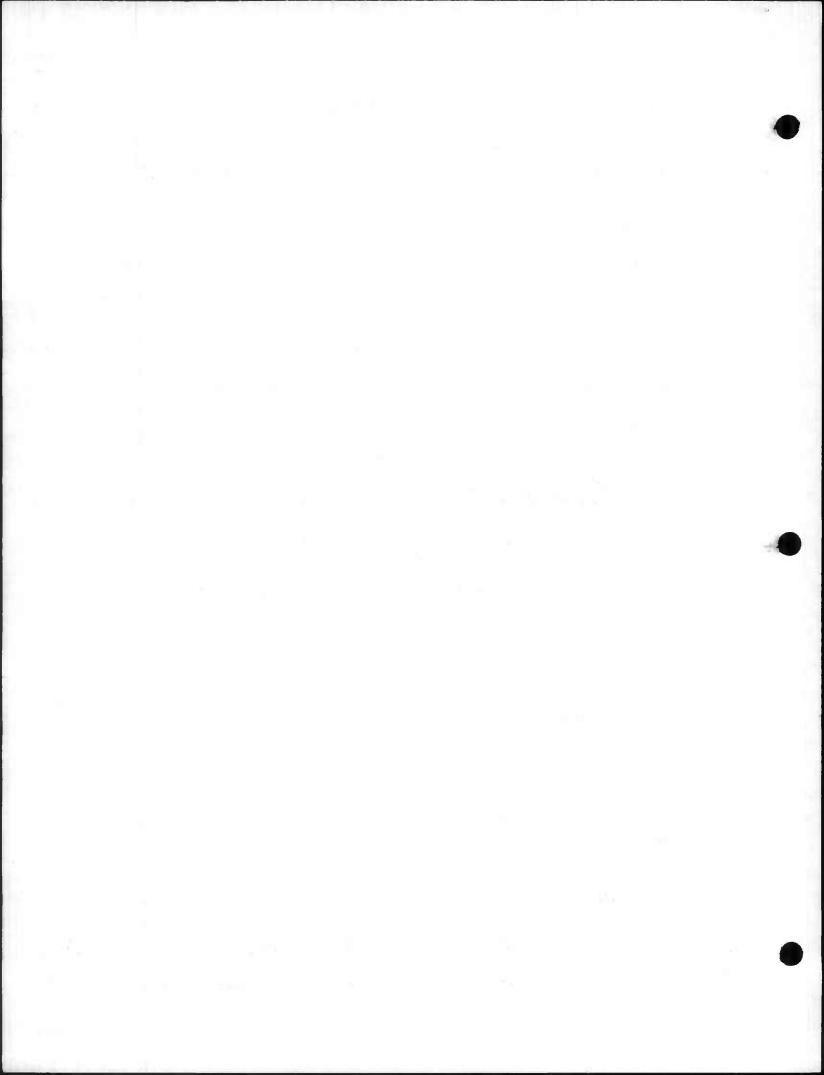
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State of Maryland / Department of Health and Mental Hygiene

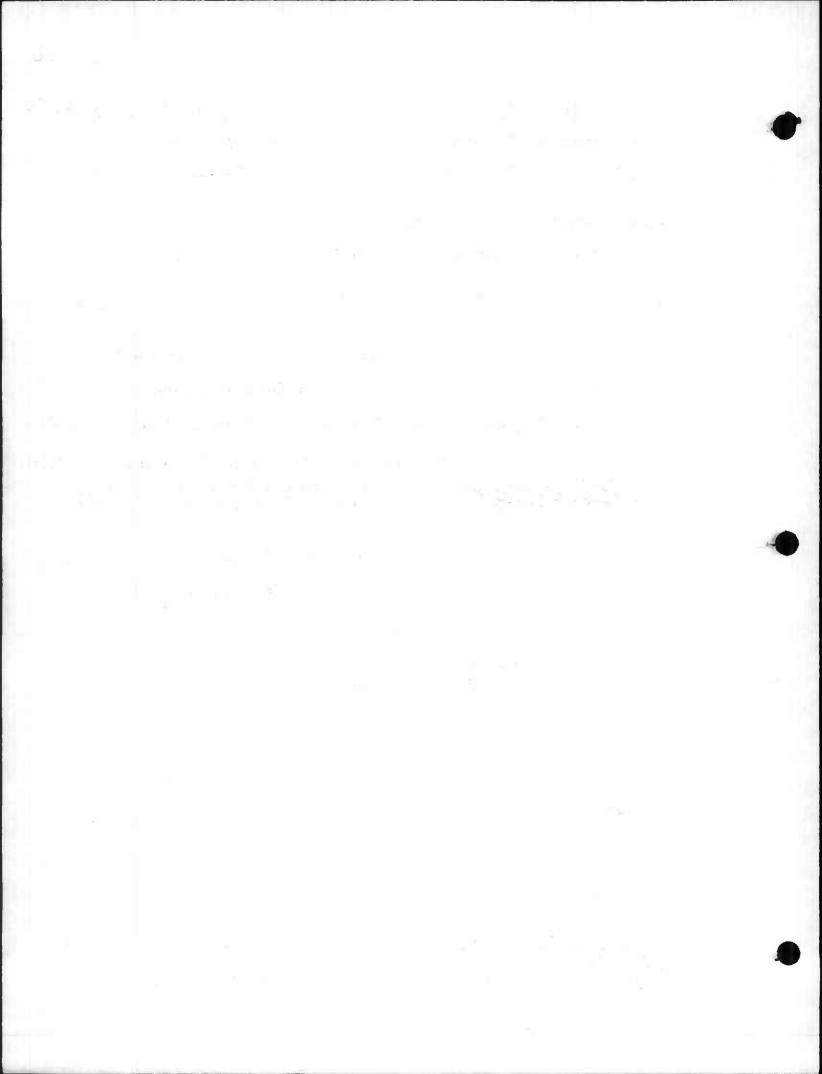
			Otate of Mary		ertificate of			Reg. No.	/	0459
Phys /Me	ician dical	Decedant's Nama (First, Middla, Last MARY	st)		DUNI	JIGAN	2. Data of De Month	ath Day	Yaar 997	3. Tima of Death
Exan	niner al	4a. Facility Nama (If not institution, given Good Samaritan 5. Social Sacurity Number 6. S	Hospital ex 7. Aga (In)	rrs. last birthday	If Undar 1 Yaa Months Day	Baltimo	S. 8 Data of Birt	N/A	9. Birthpia	ca (Stata or Foraign
Directo	ir	213-30-0798 Usual Rasidance of Dacedant		Yrs.			Sept.	1, 1932	Marý	Pland
Marylar a-f show	tor	10a. Stata 10b. County Maryland N/		City, Town or L Balti					100	d. Insida City Limits 1 ☐ Yes 2 ☐ No
with the a or 28	Director	10e. Street and Numbar	1		10f. Zip Code			10g. Citizen of V		P
Z1Z1S-UUZU within 72 hours efter death with the Maryland jiene. ithen "natural", or items 23a or 28a-f show then "addical Examiner must be notified at	by Funeral	11. Marital Status 1 Navar Marriad 2 Married 3 Widowad 4 Divorced	2.00 P. 12. Was Dacedant Evar in Armed Forcas? 1 Yas 2 Xo If Yas, Giva Yaar or Datas:	n U,S. 13.		1206 Hispanic Origin? (ban, Maxican, Pua Specify:	Specify Yas or No- rto Rican, atc.)		A. e-American k, Whita, ato White	c.
within see.	Completed	15. Decedant's Ed (Spacify only highast gra Elemantary/Secondary (0-12) 12th grade	ucetion da complatad) Collaga (1-4or 5+)		edant's Usual Occi a kind of work don DO NOT usa ratii	upation a during most of we ad)	orking	16b. Kind of Bu	siness/indu	
be filed dother event,	To Be Co	17. Father's Name (First, Middla, Last) Albert Trages 6		110	menureer		ama (First, Middla, rine Phal	Maidan Sumam		
ire, Maryiai s 1 end 2 should b f Health end Menis item 27 is marked other traumatic e	-	19a. Informant's Name/Ralationship (1	Typa, Print)		_	at and Numbar or F	Rural Routa Numbe	er, City or Town,		
os 1 en of Heal item 2		Carroll W. Dunni 20a. Mathod of Disposition 1	Ramoval from Stata	b. Place of Disp camatary, cra	osition (Nama of amatory or other policy of other policy)		Data 4-5-97	20c. Location - Baltimo	City or Town	n, Stata
permit. Pege Depertment of Important: If any injury or	DUCE	21. Signatura of Funeral Service Licen		7 3	2. Nama end Add Chimunek	rass of Facility Funeral ems Lane,	Home			
Physicia	_	23a. Part1. Entar the disaasa, or comp shock, or haart failura. List only	olicetions that causad tha dona causa on each lina.						A	Approximata Interval Between Onset and Death
/Medica Examine	r	Immadiata Causa (Final disaasa or condition rasulting in daath)	A	o (or as a consa			0			2 DAYS
os/ou, ificete be executed g physician and es the buriel-trensit	edical Examiner	Saquantially list conditions, if eny, laading to immediata ceusa. Entar Undartying Cause (Disaasa or injury that initiated evants	b. AMYOTA	ROPHIC o (or as a consa		RAL	SCLERO	2120		
5 00	950	that initiated evants resulting in death) Last	Due to	o (or as a consa	quance of):					
that the death cered by the ettendin	Physician/N	Part II. Other significant conditions co	ontributing to death but not	rasulting in tha	underlying causa g	givan in Part I.	23b. Dld (obacco uae cor	tribute to ti	he cause of death?
requires that the death cere signed by the ettendire hould be deteched for use	þ	ASTHMA		-				Yas 2□ No		
28 8	Completed						24a. Was perfo	an autopsy rmad?	availe	a autopsy findings abla prior to plation of ceusa ath?
ysician: The law ysician: The law is certificate hes the director, page 2.5	Be Co	25. Was cesa rafarrad to medical				28. Placa of Da	1 □ 1	-	10	Yas 2 No
ding Phy After this	2	axaminar? 1 Yas 2 No 27. Mannar of Death 1 Natural 5 Panding invastigation	28a. Data of Injury (Month, Day Year	2 ER/Outpatia 28b. Tima (Injury	of 28c. Inj		Homa 5 Resid	dance 8 Other		
T COLD	Certification:	3 ☐ Suicide 6 ☐ Couid not be datarmined	building, atc. (Spa	acify)			City or Tox			
To the Hoografic within 24 hours in To the Funeral Discompletely filted in	edical	29a. Cartifiar Certifying Phyone) 2 Madical Exam	valcien: To the bast of my tiner: On the basis of axam and mannar stated.	knowledga, daat ination and/or Ir	th occurred at tha evastigation, in my	tima, data and place opinion, daath occ	e, and dua to tha curred at tha tima,	causa(s) and ma data and place, a	nnar as stat and dua to th	ed. na causa(s)
To the within To the comple	Σ	29b. Signatura and title of certifier	Cethi	M.D		15 1 6 9 7		29d. Data signed		
2)	30. Nama and addrass of parson who of SANJAY SETHI, GOO				OCH PAVE	N RIVA O			
S Regis	tate	31. Data filed (Month, Day, Year)	32. Ragistrar's Si		7 3 001 1	ONL POLVE	- GLYD / C	"ILI (PIUK	-, 141 1	211231

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State of Maryland / Department of Health and Mental Hygiene 97

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	Dhusi	ion	1. Decedent's Neme (First, Middle, L.	1-					1	2. Date of Dee		3. Yeer	Time of Death
	Physic /Medi		Mary Doch	nerty						April	6	1997	21:30
į.	Exami		4e. Fecility Neme (If not institution, gi							ation of Deeth	4c. County	of Deeth	
L				tal Cente	25				imo		N/A		
	Funeral Director			Sex 7. Age 1	75	Yrs.	If Under 1 Year Months Deys			B. Date of Birth (Month, Dey October	24/192	Country)	(State or Foreign Land
	tand		10e. Stete 10b. County		10c. City, To	wn or Lo	cation					10d. I	Inside City Limits
	Mary Fred	ţ	Maryland Harfor	d	Jopp	na .						1	I □ Yes 2 No
	r 28s	Director	10e. Street end Number				10f. Zip Code			-	Iog. Citizen of V	Vhet Country?	
	h wit		628 Harborside D	rive, Apt.	A		21085				U.S.A.		
	itams institute	Funeral	11. Maritel Status	12. Was Decedent E Armed Forces?	ver in U,S.	13. V	Vas Decedent of Yes, specify Cub	Hispenic Ori	igin? (Spec	ify Yes or No-		e - American Ir k, White, etc.	ndien,
21215-0020	ours eff	by	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ No If Yes, Give Year or Deles:	0		☐ Yes 2 No			, oto.)	Specify		te
5-	hin 72 hours 9. In "natural", Modical Exe	Completed	15. Decadent's E (Specify onfy highest gr	ducation ede completed)	16	e. Deced (Give	lent's Usuel Occu kind of work done OO NOT use retire	petion during mos	t of working	7	16b. Kind of Bu	siness/Industr	у
121	within iene. then "	I du	Elementary/Secondery (0-12)	College (1-4or 5-				ed)			A		
	T1 ' In		NONE 17. Father's Name (First, Middle, Las.	*1	1	Tomer	naker	10 Moth	or's Name (Circl Middle	Own Ho Maiden Sumem		
Maryland	S E S	Be C	James Thomas	,						z Willi		6)	
Z	d 2 should th and Man 7 Is marke traumatic	5	19a. Informant's Name/Reletionship	(Tyne, Print)	19	h Mailin	g Address (Stree					State Zin Con	(a)
Ž			Caroline Freund				Sherida						
re,	s 1 and 2 f Health itam 27 I		20a. Method of Disposition	(g ,	20b. Plece	of Dispo	sition (Neme of netory or other ple	70 7 10000	, 00	Date	20c. Location -		
Baltimore	Pages nent of It int: If its		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci				t Cemet		1/	10/97	Linunga	d Dani	nsylvani
alti	- 는 은 증		21. Signeture of Fungral-Service Lice	nsee	1 200011	22	. Name end Addr	ess of Fecili	ty	10/11	Excrision o	u, ren	wyrvani
m	Depa Impor		1 Ka	111		6	Name end Addr Chimunek 10 W. Ma	tune cPhail	ial Ho 2 Road	ome of	Bel Air Air. MD	, Inc.	4
			23a. Pert1. Enter fhe diseese, or con shock, or heart failure. List only	oplications thet caused to	the death. De							App	proximete ervel Between
	Physician												set end Deeth
	/Medical Examiner		Immediete Ceuse (Final diseese or condition	Sen	cic .	w	moren tra	ect i	nfect	tion		Si	x days
		L.	resulting In death)	· Sep	Due fo (or es	e conseq	uence of):						J
Т	ed isit	ie e		b. congest	the 1	read	t Failm	11 an	do	ulmoi	ranged	2	
	entificate be executed Jing physician and se as the buriel-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	,					(0		
68760,	sician buria		cause. Enter Underlying Ceuse (Disease or injury thet initieted events	c chron	ic res	ral	failm	re					
68	ficate phy s the	Medical	resulting in death) Lest										
×				a diabeter	me	llitu	S						
Bo	death e atten	Physician	Pert II. Other significant conditions	Caronary	not resulting	My o	disease	iven in Pert I	1	23h Did to	phecco use cor	atribute to the	cause of death?
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000	2 S S	ple								porior	····ou		tion of cause
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Vital Record		Be	25. Was case referred to medical					26. Plece	of Deeth (Check only or	ne)		
o t	2 00	To	examiner?	Hospital: 1 Inpatien	t 2 ER/0	Outpetien	f 3□ DOA Ot	her: 4 🗆 Nu	ursing Home	e 5 🗆 Resid	ence 6 Othe	er (Specify)	
2			27. Menner of Deeth 1 □Naturel 5 □ Pending	28a. Date of Injury (Month, Day	Year) 28b	Time of Injury	28c. Inju Wo	iry et	28	d. Describe h	ow Injury occurr	ed	
Sio	Attanding r death. sctor: After by the fune	cati	2 Accident investigation 3 Suicide 6 Could not be				M 1	Yes 2	No				
Division	pital or Attand	Certification:	4 Homicide determined	28e. Plece of Injur building, etc.	ry - Ai home, (Specify)	farm, stre	et, fectory, office		28	If. Location (S City or Tow	treet end Numb n, Stete)	er or Rurel Ro	ute Number,
	f hours e		One Codding 45% at the se										
	12 F	edicai	29a. Certifier (Check only one) 1 Certifying Pt 2 Medical Example 1	nysician: To the best of miner: On the basis of e end menner stet	examination e	ge, death and/or inv	estigetion, in my	ime, dete en opinion, dee	th occurred	d due to the c l et the time, d	ause(s) end me late end pleca, e	nner es steted and due to the	i. cause(s)
1	100	Me	29b. Signature and title of certifier				29c. Licen	se number		2	9d. Date signed	(Month, Dey,	Year)
-			1 Ottomole	- M	D		AS	244	1614	_40	April	6/19	97
	10		30 Name and eddress of person who	completed cause of de-	eth (Item 22e) (Type 4	Print) -						
	4		Tarek Warre	m. Ha	wbor	Hos	As	enter	Ro	altimo	e MI	212	-30
	Sta	_	31. Dete filed (Month, Day, Year)	32 Registrer									
	Registr	ar	APR 0 8 1997	a some man	-10-10-0								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Month Yaar 3:00 P.M Robert Lee Daniels, Jr April 1997 4a. Facility Name (If not institution, giva straet and number) 4b. City, Town, or Location of Death 4c. County of Deeth 8502 Winands Road Pikesville Baltimore H Under 1 Year H Under 24 Hrs. 8. Date of Birth (Month, Day, Yaar) Sept 4, 1947 6. Sex 1 ☑ M 2 ☐ F 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foreign Country) Months 212-46-8695 49 Md Usuel Rasidance of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Baltimore Pikesville 1 Yas 2 No 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Coda 8502 Winands Road 21208 US 12. Was Decedant Evar in U,S. Agned Forcas? 1 Ď Yes 2 □ No if Yas, Giva Year or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 ☐ Naver Married 2 ☐ Married 1 ☐ Yes 2 ☒ No Specify: Specify: Black 3 Widowad 4 Divorced 16a. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Board of Liquor Collage (1-4or 5+) Elemantary/Secondery (0-12) Control Laborer 12th grade 2 years 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumema) Robert L. Daniels Peggy Jackson 19e. Informant's Nama/Reletionship (Typa, Print) 19b. Mailing Addrass (Streat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Darrylin Daniels-Wife Pikesville, 8502 Winands Road Md 21208 20b. Place of Disposition (Name of cematary, cramatory or othar place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 D Burial 2 Cramation 3 Ramoval from State Forest Vet4-10-97 4 ☐ Donation 5 ☐ Othar (Specify) Garrison Owings Mills, Md 21. Signatura of Funaral Sarvice License 22. Nama and Addrass of Facility March F/H 4300 Wabash West Avenue Shanner Baltimore, Md 21215 Part 1. Enter the disaasa, or complications that caused tha deeth. Do not antar tha moda of dying, such as cardiac or raspiretory arrast, shock, or heart failura. List only ona cause on each lina. Approximeta Intervel Batwaan Onsat and Deeth immediata Cause (Final diseasa or condition resulting in daath) Metastatic Concen OFTHE Dua to (or es a consequança of): Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Ceuse (Disaase or injury that initiated avants rasulting in deeth) Lest Dua to (or es e conseguança of): Dua to (or as a consequence of): Part It. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Ware eutopsy findings eveilebla prior to completion of causa of deeth? 24a. Was an autopsy performad 1 Yas 2 No 1 Yes 2 No 25. Was casa rafarred to medicel 26. Placa of Daath (Check only one) axaminar? Othar: 4 Nursing Homa 5 Hasidenca 6 Othar (Specify) 1 Yas 2 No Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 28a. Date of injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury et Work? 28d. Dascribe how injury occurred 1 Natural 5 Panding 1 Yas 2 No invastigation 2 Accident 6 Couid not ba detarmined 3 🗆 Suicide 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

the burial-tran Division of Vital Records, P.O. Box 68760. Ħ 995 The law requires that the death #

After 96

Physician

/Medical

Examiner

Funeral

Director

r 28a-f show notified at

ma 23a or 7

permit. Pages 1 and 2 about the filed within 72 hours after of Department of Health and Mental Hygiens. Important: If Hem 27 is marked other than "natural", or Hernany Injury or other traumatic event the "natural", or Hernands.

Physician /Medical

Examiner

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by Funeral

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Physician/Medical þ Completed Certification: To

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29a. Certifiar

or Attending Physician: after death. 3 To the Funeral C To the

Registrar

(Check only one) 2 Medicat Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) allegileen April 8 1997 022085 30. Nema and address of person who complated cause of deeth (Itam 23a) (Type, Print) 010 Geori Ro Renortisteur J. Chingus Allen 1.0 2310 1. 32. Registrar's Statute 31. Date filed (Month, Day, Year) APR 0 8 1997

1 Certifying Phyaician: To the best of my knowledge, daath occurred at tha time, date end place, end dua to tha causa(s) and menner as steted.

State of Maryland / Department of Health and Mental Hygiene 97

					Certifica	ate of	Death		Reg. No.		
		1. Decedent's Name (First, Mid	idie, Last)					2. Date of De	eath		3. Time of Deeth
	ician dical	Rober	t	Palmer	DAF	RONE		Month April	6, :	Year L997	2:47 PM
	niner	4a. Facility Name (If not institut	ion, give street and	number)			4b. City, Town, or Lo	_	-		2.47 111
		Franklin Squ	are Hospi	tal Cente	r		Rosedale		Baltin	noro	
Funer	al	5. Social Security Number	6. Sex	7. Age (In yrs. I	ast birthday) If Un	der 1 Year	If Under 24 Hrs.	8. Dete of Bi	th		ace (State or Foreig
Direct		068-16-6556	1 □ XM 2 □ F	73	Yrs. Monti	s Deys	Hours Min.		y, Year) 2, 1923		
ъ		Usual Residence of Decedent						AFD. Z	د, اعادی	INEW	TULK
how		10a. State 10b. Coun	ty	10c. City	, Town or Location					10	0d. Inside City Limits
Me -	ş	Md. Ba	ltimore	Mic	ddle River						1 ☐ Yes 2 🕅 No
h the	- P	10e. Street end Number		1	10f.	Zip Code			10g. Citizen of	What Count	try?
h wit	= C	10 Hydroplane	Drive			212	20		US	SA	
72 hours efter death with the Menyland natural; or flems 23a or 28a-f show actal Examinan must be notified at	Funeral Director	11. Maritai Status	12. Wes D	ecedent Ever In U,		edent of I	Hispenic Origin? (Sp	ecify Yes or No		e - America	an Indian,
or its	3	1 Never Married 2 Me	erried 1 TYPe	Forces?			an, Mexican, Puerto	Rican, etc.)	Bia	ck, White, e	etc.
urs al', c	Ď	3 ☐ Widowed 4 ☐ Divorce	ed If Yes,	Give r Dates: WWI]		2 X No	Specify:		Specif	v: wh	nite
72 hours natural',	Completed	15. Deced	ent's Education		16a. Decedent's U	sual Occu	pation		16b. Kind of B	usiness/Ind	lustry
	pie	Elementary/Secondery (0-12	lest grade complete	e (1-4or 5+)	life. DO NO	work done use retire	during most of work d)	ing			
filed within Hygiene. ther than	0		4	0 (1 40, 01)	Salesma	n			Commur	nicati	ions
d 2 should be filed within the and Mentel Hygiene. 7 Is marked other than treumatic event, tre Mentel the mentel treumatic event.	Be	17. Father's Name (First, Middle	e, Last)				18. Mother's Name	e (First, Middle			
Mental	0	Leon O. Darro	ne				Ethel Ha	alliday			
should and Men marke umatic	-	19a. Informent's Name/Relation	nship (Type, Print)		19b. Mailing Addre	ss (Street	t and Number or Run	al Route Numb	er, City or Town.	State. Zip	Code)
s 1 and 2 should be filed within f Heelth and Mentel Hygiene. Item 27 is marked other than other treumatic event, tre Menter treumatic event, tre Menter treumatic event, tre Menter treumatic event, tre Menter treumatic event, tre Menter treumatic event, tre Menter treumatic event, tre Menter treumatic event, tre Menter treumatic event, tre Menter treumatic event, tre Menter treumatic event, tre Menter treumatic event, tre Menter treumatic event, tre Menter treumatic event, tre Menter treumatic event, treum treu		R. Douglas Da	rrone - s	son			ow, Berne			033	
Hee Hee		20a. Method of Disposition			ace of Disposition (f			Dete	20c. Location -		wn. State
permit. Pages 1 and 2 shou Department of Heelth and M Important: if Itam 27 is mant any Injury or other treumsti		1 Buriel 2 Cremation		m state	m <i>etery, crematory c</i> hlehem Cei		4	/10/97			
bermit. Pages 1 el Department of Hee mportant: If Itam in Injury or othe		4 Donation 5 Other		Dec				10/9/	Delmar	New	YOLK
permit. Departr Importu any Inji	once.	21. Signeture of Funeral Service	. //		Gary	Ka	ess of Facility Ufman Fun	eral Ho	me at M	eadow	ridae
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		Enter the disease,	or complications tha	at caused the death	. Do not enter the m	ode of dyi	ng, such es cardiac	or respiratory a	rrest,		Approximete Interval Between
Physicia			•								Onsel end Death
/Medica	_	Immediate Cause (Final disease or condition	Athe	rosclarot	ic Corons	237 V	ascular Di				32 Minute
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70 #	je je									1	
certificate be executed ding physician and ise as the buriel-trensit	Examiner	Sequentially list conditions.	В	Due to (or	as a consequence	f):					
an a lan a		Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	3								
ifficete be exe g physician a es the bunel	Medical	that initieted events resulting in death) Last	C	Due to (or	es e consequenca o	f):					
tifice ng ph es ti	2	resulting in death) Last			·	ĺ				1	
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death of etterned for us	Physician	Part II. Other eignificant condit	tions contributing to	death but not resu	ting in the underlyin	a course of	von in Part I	22h Did	tobecco use co	ntributo to	the cause of death
thet the de led by the e	hys	Tattii. Giller olgillitoatit collai				_					
es thet igned be be deta		Aortic Stenosi	s,Suprave	entricula	r Arrhyth	nias,	Chronic	10	Yee 2 No	ag Prob	ably 4 Unknow
sician: The law requires that the certificate has been signed by thirector, page 2 should be detache	d by							24a Was	an autopsy	24h We	re eutopsy findings
been si	Completed	Obstructive Pu	ıımonary I	Jisease, P	eripheral	Vasc	ular	perfe	med?	ave	ilable prior to
e law hes b	gr	Disease Pensi	Thouses							of d	leath?
The la	Ö	Disease, Renal	. Insullic	crency				1 🗆	Yes 2 No	1 🗆	Yes 2□ No
Physician: The this certificate ral director, pag	Be	25. Was case referred to medic exeminer?					26. Place of Deet	h (Check only	one)		
5 000	ပို	1 ☐ Yes 2 ☑ No	Hospital:	☑ Inpatient 2 🗆 8	R/Outpatient 3□	DOA OU	her: 4 Nursing Ho	me 5 Resi	dence 6 □Oth	er (Specify)
ding Phys h. After this funeral di		27. Menner of Deeth 1 ☑ Natural 5 ☐ Pend	28a. Dai	te of Injury onth, Day Year)	28b. Time of Injury	28c. Inju Wo	ry at	28d. Describe	how injury occur	red	
I or Attending efter death. Director: After I in by the fune	atic	2 Accident Inves	tigation	, , , , , ,	M		Yes 2 □ No				
or Atte	100	3 Suicide 6 Could 4 Homicide	mined 288. Pla	aca of Injury - At hou	me, farm, street, fact	ory, office		28f. Location (Street and Numb	er or Rural	Route Number,
s efter	Certification:	- I I I I I I I I I I I I I I I I I I I	Juli	inding, etc. (Specify,	,			City of 10	wii, State)		
To the Hospital within 24 hours of To the Funeral Completely filled		29a. Certifier 1 Certify	ing Phyaician: To t	he best of my know	rledge, death occurre	d at the ti	me, date end placa,	and due to the	cause(s) end ma	anner as sta	ated.
Ho Ho	Medicai	(Check only 2 Medica	I Examiner: On the	basis of examinati anner stated.	on and/or investigati	on, in my o	ppinion, death occurr	ed at the time,	date and place,	and due to	the cause(s)
To the To the comple	×	29b. Signature and title of certif	61/	11-		9c. Licens	se number		29d. Date signe	d (Month, E	Day, Year)
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(4	5	30. Name and address of perso		,				ма о			
(1)	State	30. Name and address of perso Glen Hessings 31. Date filed (Month, Day, Yea	er M.D.	,	klin Squa			Md. 2			

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	/Medi Exami		4e. Fecility Neme (If not inst 2026 ROBE			m <i>ber)</i>				4b. City, Tow BALT		ocation of Deel	th 4c. Count	ty of Deeth	
Ī	Funeral Director	F	5. Social Security Number unknown		ex □M 2⊠F		n yrs. lest bi 46		Under 1 Year onths Dey		4 Hrs. Min.	8. Date of Bi (Month, Di March	rth ey, Yeer) 19, 195	9. Birthi Cour	olece (Stete or Forei htry) known
	Maryland -f show	Į.	Usuel Residence of Decede 10a. State 10b. Counknown u		n		oc. City, Tow		on					1	0d. Inside City Limit
	h with the 23a or 28a	ai Direc	10e. Street end Number unknown					1	Of. Zip Code unkn				10g. Citizen of U.S.A		ntry?
020	72 hours after death with the Maryland natural; or Nems 23s or 28s-f show dical Examiner must be notified at	by Funeral Director	11. Maritel Status 1 Never Married 2 3 3 Widowed 4 Div.		12. Wes Dec Armed Fo 1 Tyes If Yes, Gir Year or D	orces? t	r in U,S. Inknow	-	Decedent of s, specify Cu Yes 21 N	Hispanic Origination, Mexican, Specify:	in? (Spe Puerto	ecify Yes or N Rican, etc.)		ece - Americ eck, White, ify: Bla	etc.
215-0	hin 72 ho in "natur Medical	pleted	15. Dec (Specify only I Elementary/Secondery (0		ucetion de completed) Coltege (16e	Decedent' (Give kind life. DO	s Usuel Occ of work don VOT use reti	upetlon le du <i>ring</i> most (red)	of work	ing	16b. Kind of I	Business/In	dustry
and 21	be filed with that Hygiens dother that event, Its	Be Completed	unknown 17. Father's Neme (First, Mi		unkno			unkr	lown				unknov e, Meiden Sume		
Maryla	permit. Peges 1 end 2 should be filed within 72 hours aftar death with the Marylan Department of Health end Mental Hygiena. Important: If item 27 is marked other than "natural; or items 23a or 28a-f show any injury or other traumatic event, it a Medical Examiner must be notified at once.	To	19a. informeni's Neme/Rela	ationship (7	ype, Print)		198				now or Run		per, City or Town	n, Stete, Zip	Code)
Baltimore, Maryland 21215-0020			unknown 20e. Method of Disposition 1 □ Burial 2 □ Creme 4 □ Donetion 5 ☒ Oth	ition 3 []	Removel from	State	20b. Plece o	unkno f Dispositio ry, cremeto	No (Neme of ry or other p	lece)	1	Dete	20c. Location	- City or To	own, Stete
Balti	permit. Departminporta any inju		21. Signature of Funerel Se	rvice Licen:		-		22. Na	State	Anaton	ny B			altim	ore Stree
	Physician /Medical		23a. Part 1. Enter the disees shock, or heart teilure.	se, or comp List only o	lications thet one cause on e	ceused the each line.	deeth. Do	not enter th	e mode of d	ying, such es c	erdiac (or respiretory	errest,		Approximete Intervel Between Onset end Deeth
	Examiner	er	disease or condition resulting in death)		e. Chr		Obs			Pulmor	nar	y Dise	ease	1	
o,	ficate be executed physician end is the bunal-transit	edicai Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	ſ	b	Due	e to (or es e	consequen	ce of):					1	
0× 68760,	certificate be iding physici ise as the bu		Ceuse (Diseese or injury thet initiated events resulting in deeth) Lest	1	d	Due	io (or es e	consequen	ce of):					1	
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ecords,	law requiras ti as been signe 2 should be o	Completed by										24e. Wes	s en eutopsy ormed?	ev	ere autopsy findings eilable prior to mpletion of ceuse deeth?
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of Vital	5 00	To Be	25. Wes cese referred to me examiner? [X] Yes 2 No	-	Hospital:	Inpatient	2 ER/O	utpetient 3	B DOA	When		me 5XXRes	one) idence 6 🗆 O	ther (Specia	(y)
sion c	ding h. Aftar fune	ertification:	2 Accident in	ending vestigation	28e. Dete (Mon	of injury th, Dey Ye	28b.	Time of Injury	28c. In W	jury et fork? ☐ Yes 2 ☐ N		28d. Describe	how injury occu	bernu	
Division	or Attendated after dated Director:	ertific		ould not be etermined	28e. Place	of injury ing, etc. (S	At home, fa	ırm, street,	factory, offic	ө		28f. Location City or To	(Street end Num wn, State)	ber or Run	al Route Number,

To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral of

4 Homicide 29a. Certifier (Check only one)

APR 0 8 1997

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner steted.

29b. Signature end title of certifier Donald & Wright MO 29c. License number O.C.M.E 29d. Date signed (Month, Dey, Year) MARCH 20, 1997

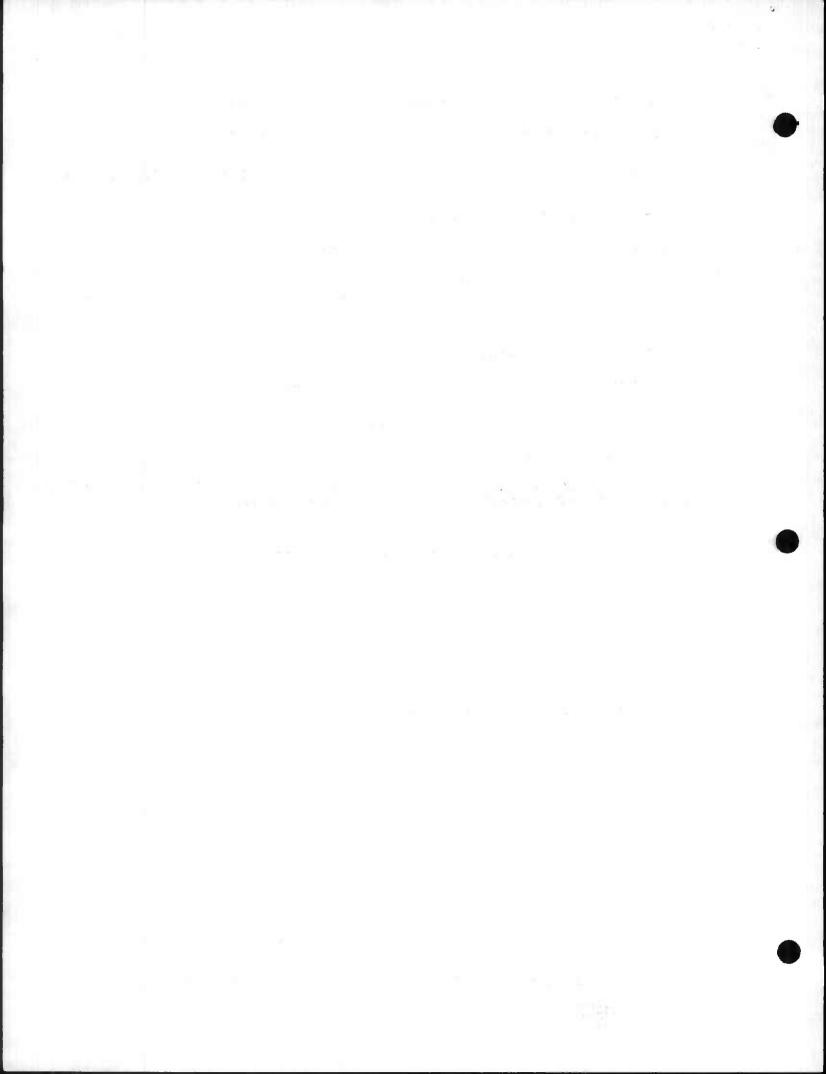
30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Donald G. Wright M.D. 111 Penn Street, Baltimore, Maryland 21201 31. Dete tiled (Month, Dey, Year)

State Registrar

Certification:

32 Registrar's Signeture



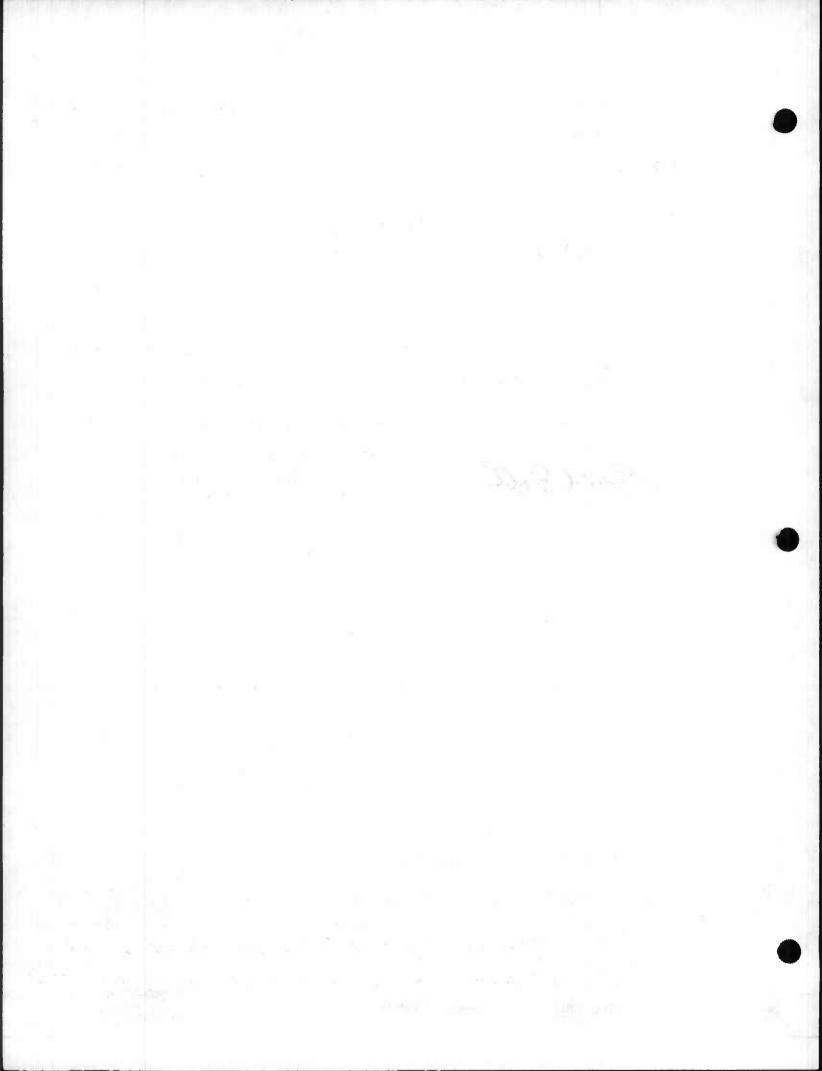
State of Maryland / Department of Health and Mental Hygiene 97

						C	ertificate	of L	Death		Reg. No.		
	Physic /Medi		Decedent's Neme (First, Middle, La ROBERT	ELLSW(ORTH		EBY			2. Dete of D Month MARCH	Dey	Yeer 997	3. Time of Deeth 3:45 PM
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		Ш		RIVE					SILVER SF			NTGO	
	Funeral			Sex LEXM 2□F	7. Age (In	yrs. last birthde	Months D	eys	If Under 24 Hrs. Hours Min.	8. Dete of B	irth Dey, Year)	9. Birth	plece (Stete or Foreign
	Director		267 48 9498 Usuel Residence of Decedent	*11.54		61 Yrs				NOV. 2	1,1935	MIAM:	I, FLORIDA
	and w		10e. Stete 10b. County		100	. City, Town or	Location						10d. Inside City Limits
	the Marylar 28a-f show notified st	Ö	MD. MONTGOM	IERY		SIL	/ER SPRI	NG					1 □ Yes 28 No
	the not	Director	10e. Street end Number				10f. Zip Co	ode			10g. Citizen of	Whet Cou	ntry?
	3a o		15104 DONNA DRI	VF				20	905		UNITED	ATZ (TES
	s 1 end 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiene. Item 27 is marked other than "naturel; or items 23s or 28s-f show other traumatic event, the Mexical Examiner must be notified at	Funeral	11. Meritel Stetus	12 Wes Dec	edent Ever	in U,S. 1	3. Wes Decedent	t of His	spenic Origin? (Sp	ecity Yes or N	lo- 14. Ra	ce - Ameri	can Indien,
0	after x to	Ē	1 Never Married 2 Married	Armed F	2 No			/	n, Mexican, Puerto	Hican, etc.)	200	ck, White,	etc.
00	ours	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Yeer or D	Ne Detes:		1 ☐ Yes 2X	No	Specify:		Specia	p. Mi	HITE
Maryland 21215-0020	72 h	Completed	15. Decedent's E (Specify only highest gro)	16a. De	cedent's Usuel O	ccupa	ation Juring most of work	cina	16b. Kind of B	lusiness/In	dustry
121	filed within Hygiene. ther then	mpl.	Elementary/Secondary (0-12)	Collega (1-4or 5+)	life	a. DO NOT use r	etired))	9	NAVAL	DEFE	NSE
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and	d at a se se se se se se se se se se se se se	Be	17. Fether's Neme (First, Middle, Last DANIEL D. EBY)					18. Mother's Nam			me)	
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Ö.	lew requires thet the death of as been signed by the etten is 2 should be detached for u	Physician	Pert II. Other significant conditions of	ontributing to d	leath but not	resulting in the	underlying caus	e give	en in Pert I.	23b. Dic	d tobacco usa co	ontribuța t	o the cause of death?
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N C	5 E	0	27. Mannar of Death 1 Neturel 5 □ Pending		of Injury hth, Dey Yea	r) 28b. Time Injur		Injury Work		28d. Describe	how injury occu	rred	
Sig	5 ta :: 6	cat	2 Accident investigatio 3 Suicide 6 Could not b	0			М		res 2 □ No	00/ 1	(0)		10-1-1
Division	or Attendi	Certification:	4 Homicida determined	build	ing, etc. (Sp	ecify)	street, factory, of	TICE		City or To	own, Stete)	ber or Hur	al Route Number,
	To the Hospital or Atte within 24 hours effer de To the Funeral Directo completely filled in by th		29e. Certifier 1 Certifying Ph	velcian: To the	hact of my	knowledge de	ath natured at the	ha tim	e, dete end plece,	and due to the	a course(s) and m	000001001	stated
	24 h 24 h Fun etely	edical	(Check only 2 Medical Exar	ninar: On the b	esis of exam	ninetion end/or	investigation, in	my op	pinion, deeth occur	red et the time	a, date end place	and due t	o the cause(s)
	o the o the ompl	M	29b. Signature and ture of certifier		mor ototoo.		29c. Li	icense	number		29d. Dete sign	ed (Month,	Day, Year)
	P > P 0		14				0	7	5635	/	APRIL		.997
			30. Nema and address of poon who	completed com-	se of death	itam 23a\ /T		-	5 4 /3				
			JOSEPH KAPL			e Phil		1	0 - ~	٦. ~	ים כי	083	۲_
	Sta	ate	31. Dete filed (Month, Dey, Year)	34.5	Registrar's S	ignature	.00						
	Regist	rar	APR 0 8 1997	gu	per blaved	son-Mand	4,060						

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State of Maryland / Department of Health and Mental Hygiene 97 | 0465

						Cei	tificate of	Death		Re	eg. No.		10400			
	Physic /Medi		1. Decedent's Neme (First, Middle,	Last)	510	1462	LOF	RG	ER	2. Dete of Deetl Month		Year	3. Time of Deeth			
	Exami		4e. Fecility Neme (If not institution, 100 N. Broadway						wn, or Lo timo	cation of Deeth	4c. County	of Deeth	PM.			
	Funeral Director		220-05-2340	5. Sex 7. Ag 1 1 1 2	9 (In yrs. le 76	st birthday) Yrs.	If Under 1 Year Months Days	If Under Hours	24 Hrs. Min.	8. Date of Birth (Month, Dey, JAN 3,	1921	Coun	lece (State or Foreign to) Iand			
	and **		Usual Residence of Decadent 10e. Stete 10b. County 10c. City, Town or Location									1/	Od. Inside City Limits			
	Maryl	ō	MD N/A			Balti						"	U Yes 2□ No			
	the 128m	rec	10e. Street end Number		1	Jarti	10f. Zip Code			10	10g. Citizen of Whef Country?					
	h with	ai D	100 N. Broad	way	21231						US					
Maryland 21215-0020	filed within 72 hours efter death with the Maryland Hygiene. rither than "natural", or frams 23e or 28e-f show ent, the Wedgel Exeminer results inclined	by Funeral Director	11. Marital Status 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. Wes Decedent I Armed Forces? d 1 ☐ Yes 2 ☐ N If Yes, Give A Yeer or Dates:		If Yes, specify Cuban, N		dispenic Origin? (Specify Yes or No- an, Mexican, Puerto Rican, etc.) Specify:			14. Reca - American Indien, Bleck, White, etc. Specify: White					
2-0	72 hours "natural",	eted	15. Decedent's (Specify only highest	iducation		16e. Deced	ent's Usuel Occup	oetion	t of worki	200	16b. Kind of Business/Industry					
121	within 72 ho piene. r than "natur m Neo cal	Completed	Elementary/Secondary (0-12)	College (1-4or 5	+)			ne during most of working ired)								
7	i filed with I Hygiene. other than	S	U Talbada Nama /First Middle L	(Cont)		Pain	ter				Self-		loyed			
and	ed al	Be	17. Fether's Name (First, Middle, Li Thomas	R. Eichelb	erge	r	18. Mother's Neme (First, Middle, Gertrude E									
7	d 2 should Ith end Menital	J.	19e. Informent's Name/Reletionshi		76160		g Address (Street	1					Code			
Z S	4 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		Doris Plummer/Si													
re,	# 5 E E		20e, Method of Disposition		20b. Ple	ace of Dispos	Paul Mar		L. EC		20c. Location					
9	Pages net of nt: If ite		1☐ Burlel 2 ☑ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory, Inc. 4/4													
Baltimore,	permit. Pages Depertment of I Important: If ite any injury or of		21. Signeture of Funeral Service Licenses (22 Name and Address of Fecility Chemical Control of Society (
	0.575		23e. Pert1. Enter the disease, or c shock, or heart feilure. List or		the deeth.							1440	Approximete Intervel Between			
	Physician /Medical Examiner	Examiner	Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions,	b. ATHI	Due to (or	es e conseq	LEN			CEON	EN	-	Onset and Deeth WEBAS BANS			
Box 68760,	thet the death certificate be executed ed by the attending physician and deteched for use es the bunkt-trensit	Medical	Ceuse (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of):													
0	the death y the atter sched for	Physician/	Pert II. Other significant condition	contributing to death bu	t not result	ting in the un	derlying cause giv	ven in Pert I		23b. Did tol	bacco use co	ntribute to	the cause of death?			
P.O.	thet the									1 □ Yes 2 1 No 3 □ Probably 4 □ Un						
Vital Records,	aw requires is been sign 2 should be	Completed by	RASP	(NAT)	ny	- En	SUFFE	ICIB	in	24e. Wes er perform		con	re autopsy findings illeble prior to appletion of cause feeth?			
<u> </u>	m	Con								1 ☐ Ye	s 20 No	10	Yes 21 No			
Ita	ysician: The s certificate director, pag	Be	25. Wes case referred to medical examiner?					26. Pleca	of Deeth	(Check only one)					
5	Physician: this certific ral director,	2	1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpatie		R/Outpetient	3LI DUA		1	Home 5 ☐ Residence 6 ☐ Other (Specify)						
	the sta	lon	27. Menner of Deeth 1 Neturel 5 Pending	28e. Date of Injur (Month, Dey	Year) 2	28b. Time of Injury	28c. Injur Wor			28d. Describe how injury occurred						
DIVISION	f or Attend after death Director; d in by the	Certification:	2 Accident investiga 3 SuicIde 6 Could no 4 HomicIde determin	be One Place of Injur	ry - At hom . (Specify)	ne, ferm, stre		Yes 2□		28f. Location (Str City or Town,		er or Rurel	Route Number,			
-	Hospita A hours Pletely tille	edical C	29e. Certifier (Check only one) 1 Certifying 2 Medical Ex	Physicien: To the best of aminer: On the basis of end menner stell	examinetio	ledge, deeth en end/or inv	occurred et the tir estigetion, in my o	me, dete en ppinion, dee	d plece, e	nd due to the ce	use(s) end me te end pleca,	enner es ste end due to	eted. the ceuse(s)			
	With To the Comp	Me	29b. Signeture end title of certifier	20			29c. Licens		11		d. Dete signe					
	0		10-B	rozem	1' -	220	017	732	29	A	PRIL	3.	1997			
	3		30. Neme and eddress of person with	o completed cause of de	eath (Item 2	23e) (Type, F	CHUN	CH	Ha	PITAL	A	427	1997 n M2			
	Sta Registr	-75	31. Defe filed (Month, Day, Year) APR 0 8 199	32. Registra	r's Signafu	Pandel	2									



State of Maryland / Department of Health and Mental Hygiene 97 | 0466

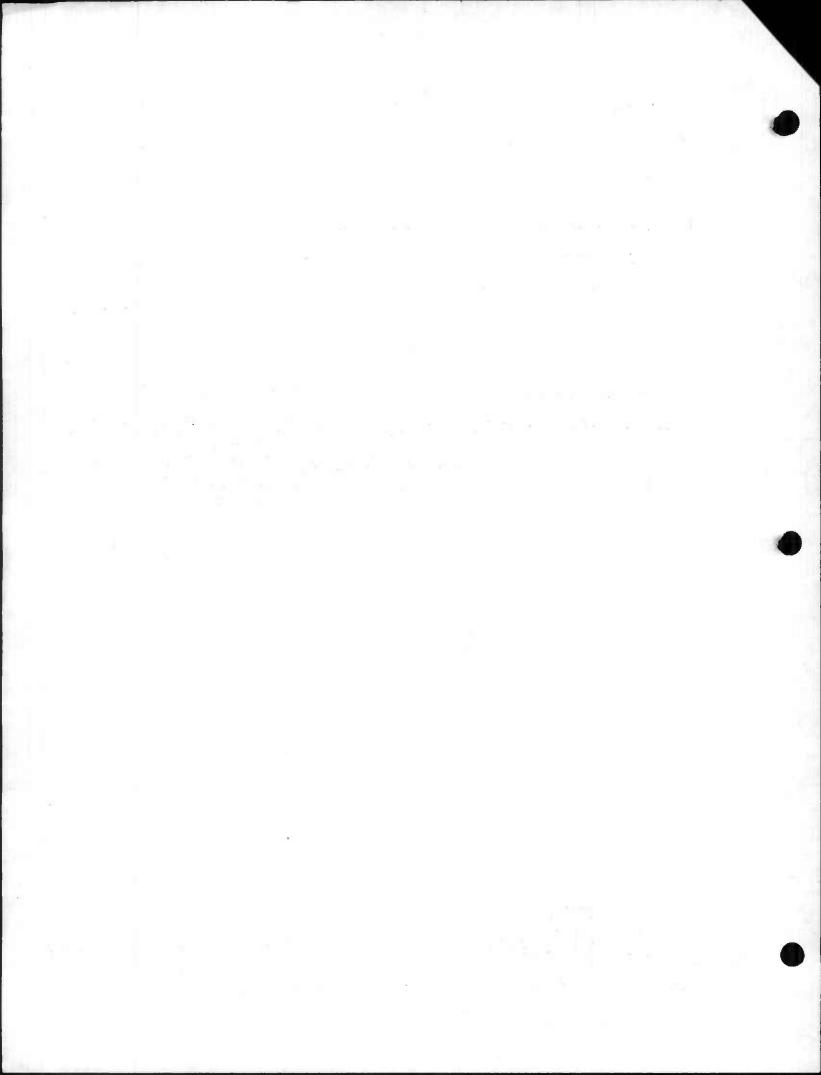
					Ce	rtifica	ite or	veatn			Reg. No.			
Physici	an	1. Decedent's Name (First, Middle, L	ast)							2. Date of D	eath Day	Yeer	3. Time	of Death
/Medic		ALICE ELIZABETH	ELAM			_				APRIL			5:30	P.M.
Examir		4e. Facility Name (If not institution, give street and number)				4b. City, Town, o				cation of Dea	th 4c. Coun	th 4c. County of Deeth		
		MARINER HEALTH	OF GLEN	BURNIE				GLEN		IIE	ANNE	ARUN	IDEL	
Funeral			Sex 1 □ M 2 🛱 F	7. Age (In yrs.) If Und Month	er 1 Yeer s Deys		24 Hrs. Min.	8. Dete of B (Month, D	irth Jay, <i>Year</i>)	9. Birth	placa (Stat	te or Foreign
Director		213-36-5192	201	77	Yrs.					SEPT.	4, 1919	ALAI	BAMA	
Bug ≱_		Usual Residence of Decedent 10a. State 10b. County		10c. C	ity, Town or L	ocation							10d Incide	City Limits
death with the Maryland ms 23a or 28a-f show	5	MARYLAND ANNE AF	RUNDEL		EN BUF									es 201No
r 28a-f show	ect o	10e. Street end Number 10f. Zip Code 10g. Citizen of What of									140 - 0			
0 8	급	51 GLEN RIDGE C	чт				.061						-	
18 23a	Funeral Director	11. Maritel Status		edent Ever in L	19 12			dianania Orie	ain? /Sac	noihi Van as N	UNITED		ican Indian	
	S	1 Never Married 2 Married	Armed Fo	rcas?	7,0. 10.	If Yes, sp	ecify Cub	an, Mexican	, Puerto	ecify Yes or N Rican, etc.)	BI	ack, White,		
nours andrunding of the	by F	3 ☑ Widowed 4 □ Divorced	If Yes, Gir Year or D	V0	1 ☐ Yes 2 🖾 No Specify:						Specify: WHITE			
natural',	8	15. Decedent's E	ducation		16a. Dece	dent's Us	ual Occur	petion			16b. Kind of I			
iena. r than "natur the Med cal	Completed	(Specify only highest gi		(Give	kind of v	vork done use retire	during most	t of worki	ing	100.74.10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	locotry		
r than	mo	Elementary/Secondary (0-12)	I-4or 5+)	RETAIL CLERK						GROCERY				
marked other the	Be C	17. Fether's Name (First, Middle, Las	18. Mother's Na					First, Middle	e, Maiden Suma	me)				
Mental Merkad o	To B	FOREST CALVERT		ETHEL (
ls mer	-	19a. tnformant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State,										n. State. Zi	ip Code)	
27 is		JAMES P. ELAM, JR./GRANDSON 1227 KIMBERLY LANE, GLEN BURNIE, MARYI									RYLAN	D 210	61	
f Health and Mer tem 27 Is marks other traumatic		20a. Method of Disposition 20b. Place of Disposition Cemetery, crematory								Dete		20c. Location - City or Town, Stete		
Department of Health Important: If tem 27 any Injury or other tr		1 ☑ Burial 2 ☐ Cremetion 3 [SIMIR					997	/ ,	GLEN BURNIE, MARYLAN			
Departmen Important: any injury		21. Signature of Europa Service Decrease 22 Name and Address of Equility										.,	(TTEM	
Departm Importar any Injur		· Alexandra)	1	K	IRKL	EY-RU	JDDICK	FUN	ERAL H	IOME, P.	A.		
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		shock, or heart failure. List only	one cause on e	ach line.								1	Approxin Intervel E Onset er	Between ad Death
hysician /Medical		Immediate Causa (Final										011301 01	Joann	
Examiner		Immediate Causa (Final disease or condition resulting in death) a. Chronic Obstruct in Pulmany Disease											Many	1 /eux
	e e			Due to (or as a conse	quence o	f):					į		
nsit	Examiner		b			1		-						
ding physician and ise as the burial-tran	Еха	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		DUB to (e to (or as a consequence of):									
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e atter	Physicia	Port II. Other significant conditions	annielle sine in de	anth had and and	udalma la aba a s	مراد المراد من		on in Death		OOL DI	/ Anhanan			4
signed by the atte d be detached for	nys	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.											uts to the causs of death	
dete									1	1 ☐ Yss 2 ☐ No 3 2 ☐ Probably 4 ☐ 0			Unknow	
een signed by th hould be detache	d by									24a. Wa	s en autopsy	24b. W	Vere autops	y findings
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has ye 2	E												f death?	
entificate he ector, page										10	Yes 2X No	1	☐ Yes 2	.□ No
certificate rector, pag	Be	25. Was case referred to medical examiner?	Hospital:				Oth			(Check only				
1000	2	1 ☐ Yes 2 ☒ No 27. Manner of Death	101		ER/Outpatie 28b. Time o		NA	445J IVU			sidence 6 O		ify)	
r death. ector: After by the fune	lo l	1 ØNaturel 5 ☐ Pending		th, Day Year)	Injury		28c. Injui			zou. Describe	now injury occi	how Injury occurred		
the the	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined determined							28f. Location (Street and Number or Rural Route Number,				lumbas	
Direction	뒾	4 Homicide determined	buildi	ng, etc. (Special	fy)	reet, racio	ory, onice				own, Stete)	Der or nur	ar noute iv	umber,
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1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Medical	29a. Certifier (Check only one) 1 Certifying Pl 2 Madical Example	mtnar: On the ba	asis of examina	wieage, deat ation and/or In	ri occurre ivestigatio	o at the tir on, in my o	me, date and opinion, deat	d placa, a th occurre	and due to the ed at the time	e ceuse(s) and n , date and placa	anner as s	stated. to the caus	e(s)
To the	Š	29b. Signature and title of certifier	end meni	ner stated.		2	Oc Licens	e number			20d Date sign	ad (Month	Day Von	e)
¥ 2 8		and the or definer	161			7		o 4-9	1		29d. Date sign			,
6		Marco	wix				7 1	TI	1		APRIL	o, 19	9/	
5	1	30. Name and address of person who	_	-										
		SYED M. RIAZ, I	M.D., 80	00 N. H	AMMOND	S FEI	RRY R	D., L	INTH	ICUM,	MD 2109)		
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State of Maryland / Department of Health and Mental Hygiene

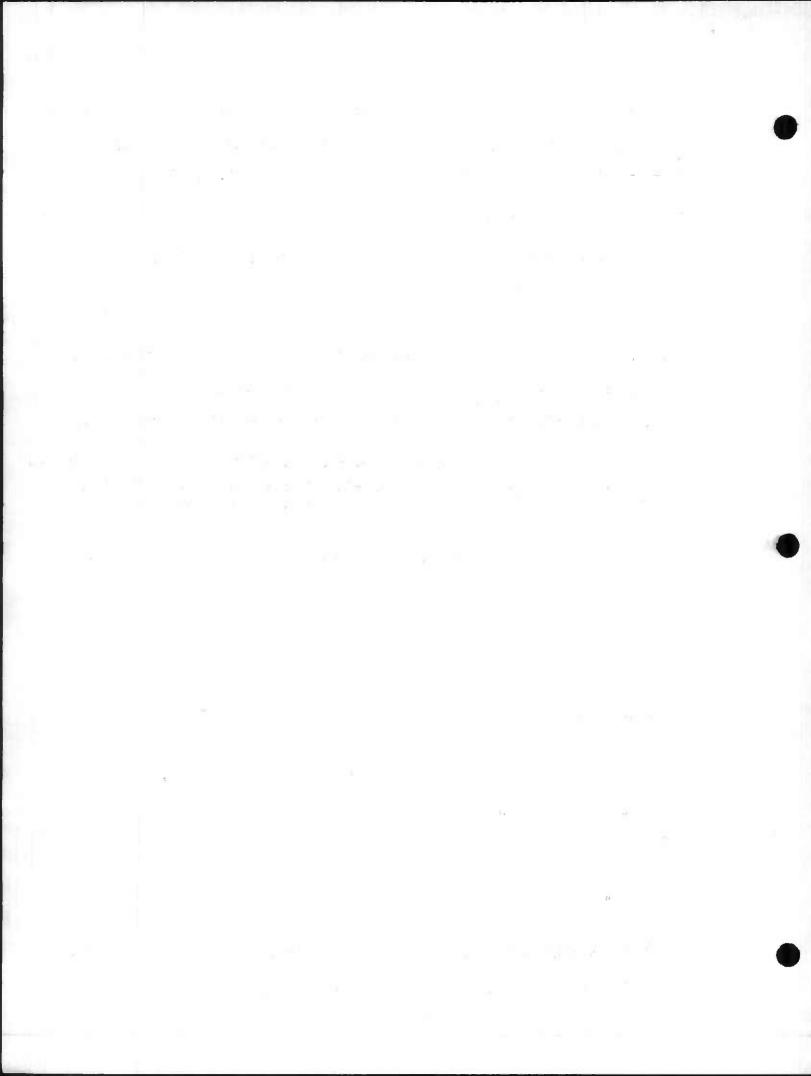
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				Cert	tificate of	Death		Reg. No.		10401
			Decedent's Name (First, Middle, Last)	_			2. Dete of De		Vere	3. Time of Deeth
	Physic /Medi		Wayne Daniel	Enso	or		April	Dey	997	12:10 AM
3	Exami		4a. Facility Name (If not institution, give street end number)			4b. City, Town, or Lo		th 4c. County	of Death	
			FALLSTON GENERAL HOSPITA	1		FALLSTO	^	HA	RFOR	20
	Funeral	10.	5. Sociel Sacurity Number 6. Sax 7. Age (In yrs. le	lest birthday)	If Undar 1 Yaar Months Deys	if Undar 24 Hrs.	8. Deta of Bi	rth	The state of the s	laca (Stata or Foreign try)
в	Director		225427076 DEM 20 F 52	Yrs.	WOTHIS Doys	Tiours Iviii.	JAn.3	1	MARX	
	pu »		Usual Residence of Decedent 10e. Stete 10b. County 10c. City	, Town or Loca	otion			1	14	
	sho	5							10	0d. Inside City Limits 1 ☐ Yas 2X No
	tha N	Directo	MARYLAND HARFORD	FOREST	10f. Zip Code			40-000 41		
	with be or		<u> </u>					10g. Citizen of	Whet Count	iry?
	s 23	Funerai	1372 JARRSTTSVILLS KOAO 11. Marital Status 12. Was Decedent Ever in U.S	S 12 W	210		anihi Van as Ni	U-3	S.H.	an Indian
	tar d	F	Armed Forcas? 1 □ Navar Married 2⊠ Merried 1 □ Yas 25 No	If Y	Yes, specify Cub	Hispenic Origin? (Spo en, Mexican, Puerto	Rican, etc.)	No- 14. Reca - American Indien, Bleck, White, atc.		
5-0020	72 hours after death with the Maryland natural; or items 23a or 28a-f show side Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced Yaar or Datas:	1[☐ Yes 2 No	Specify:		Specify	" 1.21"	حيد ا
0	n 72 hours natural,	8	15. Decedant's Education	16a. Decede	nt's Usual Occup	pation		16b. Kind of B	usiness/Ind	lustry
215	5 . 5	Completed	(Spacify only highest grade complated) Elementery/Secondary (0-12) College (1-4or 5+)	(Give ki life. D	ind of work done O NOT use retire	during most of work	ing			
2121		NO.	12785-	For	names			LANS	Lans	RUCTION &
nd		Be	17. Fether's Neme (First, Middle, Last)			18. Mother's Neme	e (First, Middle			
Vla		2	DANIEL WEBSIER ENS	OR		MAY	51 /V	HOUAL		
Maryland	and and	ľ	19e. Informent's Neme/Reletionship (Type, Print)	19b. Meiling	Address (Street	t end Number or Run	el Route Numb	er, City or Town,	Stete, Zip	Code) 21050
-	f Haalth Item 27 other tr		MARY MESOR-WIFE	1272.	JARRE	MISVILLE	KOAO	FORST	-Hill	.no.
Ore	or oth			lece of Disposit ametery, creme	ition (Name of etory or other ple	oce)	Pate Date	20c. Location -	City or Tov	wh, Stata
Baltimore	mit. Pag partment cortant: It injury o		4 Donetion 5 Other (Specify)	ATIR (BEMOR		1997	BELATI	RM	ARYLAND
	permit. F Departm Importar any injur	1	21. Signeture of Funeral Salvice Lice 138e	22.1	Name end Addre	OSRAL CH	- 120A	BURGR	OA	
ш	E0 = 8 8		Louis troop	3	NEWPO	ORT ORII	12 Fo	RIXT H	71 6	70.21050
		-	23e. Pert 1. Entar tha disease, or complications that caused tha daath. shock, or heart feilure. List only one ceuse of each line.	. Do not anter	the moda of dyl	ng, such es cardiec	or respiretory e	rrest,		Approximete Intarval Batween
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	/Medical Examiner		Immediete Ceusa (Final disease or condition resulting in deeth)	TIC	SK	2001				12 Mms
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	aath certificata be axecuted attanding physician and for usa as tha bunal-transit	Examiner	if any leading to immediate	es e conseque	~	1	12 M	IINO		
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×	anding usa a		d. 2-30/ A	AU	EAL	VIII	W/O L	()LE	20	
Bo	that the death ed by the atter deteched for t	Physician	Pert II. Other significant conditions contributing to death but not resul	ilting in the und	dertving cause giv	ven in Pert I.	23b. Did	tobacco use co	ntribute to	the cause of death?
P.0	that tha ed by th datache	ķ	CIRRHOSIS OF	2 1	11/12	a	10	Yes 2 No	3 Prob	ably 4 Unknown
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ord	requires been sign should be	De le	CRRONIC ALLO	2 HOL-	MR	1) CB		en eutopsy omed?	ave	ra eutopsy findings sileble prior to
ecc	aw 2 s	pje	CICI OTAL 13000	7 (0 0	1015	034			of c	npletion of causa deeth?
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/ita	ysician: The	Be (25. Wes case referred to medical examiner?			26. Plece of Deet	h (Check only	one)		
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n c		e E	27. Menner of Deeth 28a. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju		28d. Describe	how Injury occur	red	
Sio	Attending in death.	cati	2 Accident investigation 3 Sulcide 6 Could not be			Yes 2□No				
Division of Vital Records,	after death Director: A	Certification:	4 Homloide determined 28e. Pleca of Injury - At hor building, etc. (Specify)	me, farm, stree)	et, factory, offica			Straet end Numb wn, Stete)	er or Hure	Houre Number,
_	hours a uneral C aly filled		29a. Certifier the Certifying Physician: To the best of my know	wladaa daath s	aguired at the time	mo data and place	and due to the	course(s) and ma		atad
	To the Hospital or Att June 24 hours after of To the Funeral Direct completaly filled in by	edlcai	29a. Certifier (Check only one) Check only one) Certifying Physician: To the best of my know on the basis of examinetic end menner steted.	on end/or inve	stigetion, in my o	opinion, deeth occurr	ed et the time,	dete end plece,	end due to	the ceuse(s)
1	1	Me	29b. Signatury and life of certifier	Λ	29c. Licans	se number		29d. Dete signe	d (Month, E	Day, Year)
1	()		I area M	1)	02	24071	0	APRIL	6	1997
	00		30. Name end eddress of person who completed cause of deeth (Item	23e) (Type. Pi		,		· · · · ·	0	/
	1-0		DR. ASHOK NARANL			GENERAL	HACA	IATI		
	Sta	te	31. Date filed (Month, Dey, Year) 32. Registrer's Signet.	ure	3.01	- Ser land	01001	1 1 2000		
	Registr		HPR 0 8 1997	Parte						



State of Maryland / Department of Health and Mental Hygiene

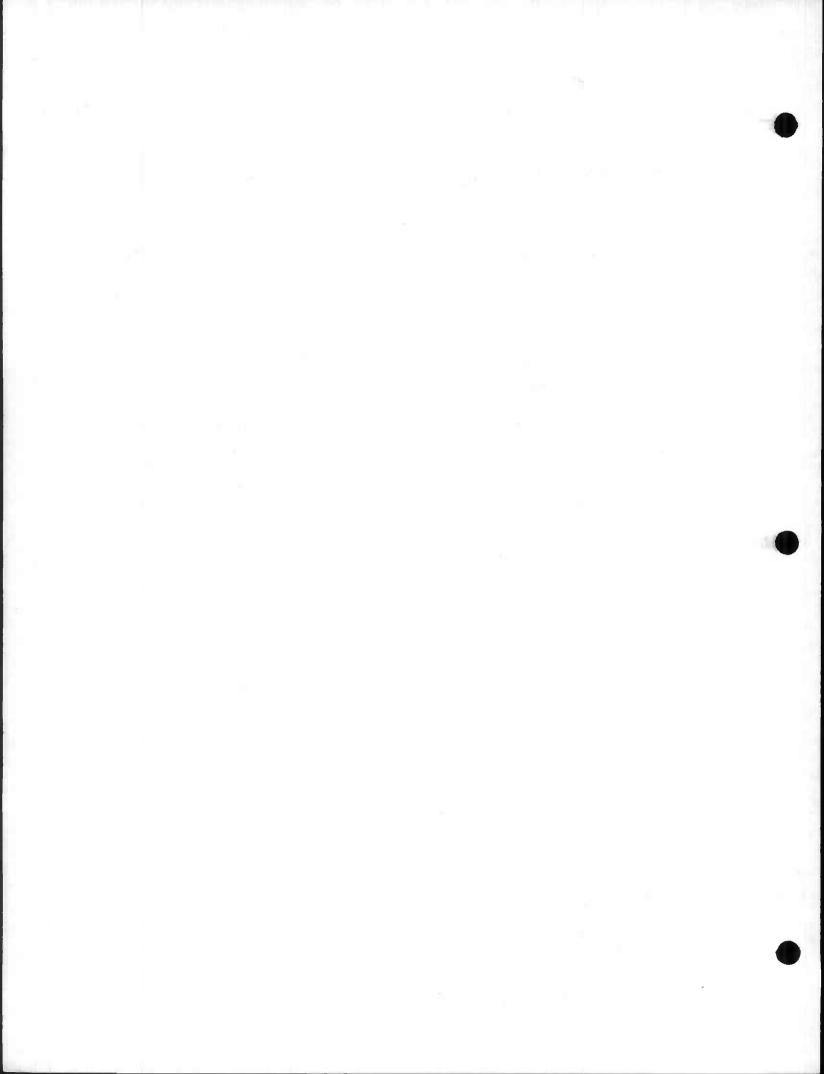
				Ce	ertifica	te of	Death		Reg. No.							
	Dhuai	i	1. Decedent's Neme (First, Middle, La					2	2. Data of Deet Month	3. Tir	ne of Death					
	Physici /Medi						GOLCZYNSKI					03 I	Yeer 1997	01:	10PM	
Examir			4e. Fecility Name (If not institution, give street end number)			4b. City, Town, or L					PRIL Ition of Deeth				OLITOITI	
			THE JOHNS HOPKINS	ттчгон	ΔΤ.				BALTIMO	RE C	ITY	N/A				
			5. Sociai Security Number 6. S		7. Age (In yrs	. lest birthday		er 1 Yaar	If Under 24	Hrs. 8	Data of Birth			oiaca (St	ate or Foreign	
	Director		220-20-0778 Usuel Rasidence of Decedent	1 1 2 M 2 □ F	70	Yrs.	Months	Deys	Hours	Min.	(Month, Day, eb. 7,	1927	Ma	ryla	ate or Foreign .nd	
	land # #		10e. State 10b. County		10c. C	ity, Town or L	ocation						1	IOd. Insid	de City Limits	
5-UUZU 72 hours efter death with the Maryland	the Mary 28a-f sh	Director	Maryland 1	3altimor	e						idalk				Yes 2 No	
	23a or	rai Dir	2720 Kirkleigh 1					ip Code		222		Og. Citizen of United		States		
	n 72 hours effer death with the Marylan "natural", or items 23s or 28s-1 show buttel Examiner maint be nutified at	by Funeral	11. Maritai Stetus 1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Deced Armed For 1 12 Yes If Yes, Give	ces? 2 🗌 No	J,S. 13	J.S. 13. Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 1□ Yes 2□XNo Specify: 11□ Yes 2□XNo Specify: White							n,		
	72 hou natural	eted t		. Decedent's Education			edent's Us	ual Occu	pation during most o	of working	,	16b. Kind of B				
	y withir	Completed	Elementery/Secondary (0-12) College (1-4or 5+) 12 Years			(Give kind of work done during most of working life. DO NOT use retired) Machinist						Steel Industry			ш	
	be filed tal Hygi d other	BeC	17. Fethar's Neme (First, Middle, Last			18. Mother's Nam			s Name (First, Middle, N				2		
	0 to 0	0	Vincent Golczyn	Helen P					wlak							
	d 2 s	F	19e. Informent's Name/Relationship (9e. Informent's Name/Relationship (Type, Print) Wife Mrs. Juanita Golczynski			19b. Mailing Address (Street end Number or Rural Route No. 2720 Kirkleigh Road Dunda									
	s 1 end 2 f Health item 27 i		20e. Method of Disposition	cccgrosioc		Place of Disposition (Name of					Dete 20c. Location - City or Town, State					
	permit. Pages 1 en Department of Heal Important: If item 2 eny injury or other once.		1 Burlal 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specif		itate	cemetery, cr	emetory or	other pla	. Cem.	4/5/					vryland	
	Depart Import eny in		21. Signature of Funaral Service Licer	1588			Duda:	RUC	ess of Facility R Fune	ral H	tome of	Dunda	ek, I	nc.	,	
		П	23a. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Appr.											Approx		
	Physician /Medical Examiner	er	Immediate Cause (Final disease or condition resulting in death) e. Coronary Artery Disease Due to (or es e consequence of):										end Deeth			
certificate be axecuted	filicate be axecuted g physician end as the bunal-transit	Examiner	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse Disease or Injury	b. ————————————————————————————————————												
	certificate be ding physicl se as the bu	/Medical	Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest	C.	Due to (or as a conse	quence of)):								
	death co			G												
	0 0 0	Physician	Pert II. Other algnificent conditions of	ath but not re	esulting in the undarlying ceuse given in Pert I.					23b. Did tobacco use contribute to the cause of de				use of deeth'		
	de de	by Phy	Hypertension								1 ⊞ Ye	s 2 No	3 Pro	bably	4 Unknow	
	aw requir s been s 2 should	Completed t									24e. Wes ei perform	n eutopsy ned?	av	ailable p	psy findings nor to n of ceuse	
	0 - 0	5									1□ Ye	s 2 No	10	Yes	2□ No	
	delan: The cartificate ractor, pag	Be (25. Was cese referred to medicel exeminer?						26. Plece o	f Deeth (Check only on	θ)				
	0 0	2	1 Yes 2 No	Hospitel: 1 III In	patient 2	Other:					ome 5 Residence 6 Other (Specify)					
	ath. T. Alter the funeral		27. Manner of Deeth 1 Meturel 5 Pending 2 Accident investigation	(Month	28e. Dete of Injury (Month, Dey Year)		28b. Time of Injury et Work?						cribe how injury occurred			
	of Direction	Certification:	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined	farm, street, fectory, office 28f. Location (Street end Number or Rural Ro City or Town, Stete)						al Route	Number,					
,	State of the state	edical	29a. Certifier (Check only one)	yelclen: To the be niner: On the be- end mann	sis of examina	owledge, dea ation end/or i	th occurred nvestigatio	d et the t n, in my	ime, date end opinion, death	plece, en	d due to the ce et the time, da	ouse(s) end make end plece,	enner es s end due te	teted. o tha ceu	use(s)	
	To the	Me	29b. Signatura and title of certifiar	4			25	9c. Licen	sa number		25	9d. Date signe	d (Month,	Dey, Ye	er)	
	\		▶ hachel mren	mel MD	Inte	10		P	S-001	D _	April 3 1997					
	Oux	`	30. Name end eddress of person who Rackel M.Corm			m 23e) (Type	Print)	1(00	hins 1	Hoso	ital					
	Sta	ite	31. Date filed (Month, Day, Yeer)	32. Re	gietrar's Sign	eture .	0		, 1	Y						



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						C	ertifica	ate of	Death		Reg. No.			0,0.
Diam'r.		1. Decedent's Name (First	, Middle, Las	t)						2. Dete of D Month	eath Day	v Ye		. Time of Death
Physici /Medi		Jarah	, <i>‡</i>	Gilb	ert					4	5	57		16.39
Examir		4e. Fecility Name (If not in	stitution, give						4b. City, Town, or	Location of Dee	th 4c.	County of E		
		JOHN HO	Pkins	Hospi	tal			- 41	Balti	more, MU		NA		
Funeral	-	5. Social Security Number	6. Se	×	7. Age (In yrs.	last birthda		er 1 Year	If Under 24 Hrs	8. Date of B	irth	9.	Birthplace	(State or Fore
Director		220-32-220	9 🗶	M 2□ F		Yrs	Month	a Days	Hours Min.	(Month, D		1025	Country)	
		Usual Residence of Deced	lent		61			-	1	APKIL	14,	1933	r	nd
ylan		10a. State 10b.	County		10c. Cit	y, Town or	Location						10d.	Inside City Limi
M M	ţō	MD	V/A			ъ	ALTO							1 X Xes 2 □ N
with the Marylan a or 28a-f show	ě	10e. Street and Number	.,					ip Code			10g. Citi	izen of Whe	Country?)
th with	0	1316 N. CI	TECME:	р ст				010	1.0		11	S.A.		
72 hours efter death with the Manyland natural, or items 23a or 28a-f show coal Exerciner mant be notified at	Funeral Director	11. Marital Status	TEO LE		edent Ever in U	S 1	3 Was Dec	212		Specity Yes or N		14. Race - /	American I	ndien
Kems in the contract of the co	5	1 Never Married 2	Married	Armed Fo 1 ☐ Yes	rces?		If Yes, sp	ecity Cub	Hispanic Orlgin? (S ben, Mexican, Puer	to Rican, etc.)			Vhite, etc.	
rs eff	by F	3€DWidowed 4 □ Di		If Yes, Giv	0		1 🗆 Yeş	2 No	Specify:			Specify:	BLAC	K
72 hours "natural",			ecedent's Edu		a103.	160 Do	cedent's Us	unl Oncu	nation		16h Ki	ind of Busine		
C F 3	Completed	(Specify only	highest grad	de completed)		(G	ive kind of	vork done	during most of wo	rking	10D. K	ind of Busine	BSS/IIIGUS(ıy
within lene.	E	Elementery/Secondary (College (1	-4or 5+)						MET	TCAT	CEN	aam.
Hygid Hygid	ပိ	17. Father's Name (First, #		V/A		N	URSI	IG A		me (First, Middle		DICAL	CEN	TER
d la b	Be	, i									s, maideir	Sumannej		
2 should be filed within and Mental Hygiene. Is marked other than aumatic event, the M	L C	WINFRED F				1			ELLA K					
2 sh and is rr		19a. Informant's Name/Re							t end Number or R					
1 end Haalth em 27		BERNARD G	LLIAN	1/SON		10	22 PA	TTE	RSON AV	E BALT	0 . M	ID 21	2065	
of H		20a. Method of Disposition 1 D Burial 2 ☐ Cren		Damarral from 1		lace of Di emetery, o	sposition (A crematory o	ieme of r other pla	ice)	APRIL	20c. Ld	cation - City	or Town,	State
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permit. Pages 1 and 2 should be filed within Depertment of Haalth and Mental Hygiene. Important: If Item 27 is marked other than any injury or other fraumatic event, the Mance.		21. Signature of Funeral S	ervice Licens	300			22. Name	end Addr	ess of Fecility BE	mmo no	DILL		(ID	
Deperiment of the popular of the pop		1461		11			1120	N.	CAROLL	TME CU	UERA	L HO	ME	1010
		market the	cear	150	the	- Do						TO,		
		23a. Part . Enter the dise shock, or heart failur	e. List only o	ne cause on e	ech line.	. DO 110t	011(01 (110 111	oue or uy	ing, such os cardia	o or respiretory	011031,		Int	proximate erval Between iset and Death
Physician /Medical		Immediate Cause (Final		4 A					d					oot and Douth
Examiner		Immediate Cause (Final disease or condition resulting in death)		a. Ne	+ Astal	ic	breas	+ (ancer				16	2 m onth
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clan clan ourie	H	Sequentially list conditions if eny, leeding to immedia cause. Enter Underlying Ceuse (Disease or Injury	* J	c										
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that the deeth cer ed by the ettendir detached for usa	Physician/			u									i	
he e	Sic	Pert II. Other significant c	ondiflons co	ntributing to de	eath but not res	ulting In th	e underfying	cause g	iven in Part I.	23b. Dic	l tobacco	use contril	oute to the	cause of dear
requiras that the	Phy									10	Yes 2	No 3[Probabl	ly 4 Unkno
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v require been si should l	2										s en autor	psy 2	4b. Were	eutopsy finding ble prior to
- Q 0	Completed									pon	omiou,			etion of cause
The law ate has pege 2	mc										Yes 2	X No	1 🗆 Ye	s 20 No
icate		05 W	- # - t									A) NO	101	98 2/L1 NO
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# 47	To T	1 ☐ Yes 2 ZNNo 27. Manner of Deeth		1 🗆 1		ER/Outpa 28b. Time		DOA	4 LI Nursing	Home 5 Res			Specify)	
B .55	ion	1 Natural 5 □	Pending	(Mont	of Injury th, Dey Year)	Injui	у	28c. Inju		200. Describe	now inju	ly occurred		
therid death for: /	cat	Z L Accident	investigation Could not be				М		Yes 2 No		100			
After dead Directors 3 in by the	Certification:		determined	28e. Place buildii	of Injury - At hong, etc. (Specif	me, fam, v)	street, fact	ory, office		28f. Location City or To	own, Stete		r Hurai Ho	oute Number,
BE E P	ပိ													
To the Preglad within 24 hours a To the Funeral I completely filled	edical	(Check only 2 M	ertifying Phy edical Exami	iner: On the ba	asis of examina	wledge, de	ath occurre	ed at the t	ime, date and plec opinion, death occ	e, and due to the urred at the time	ceuse(s)	end menne d place, and	due to the	d. e cause(s)
To the B within 24 To the F	Pe	one)		and man	ner stated.					V				
of of or	Σ	29b. Signature and title of	cartitier	10					se number		29d. De	te signed (A	fonth, Day	, Year)
		▶ With	Yw	\sim	MD			0	38409 e, Mn:		41	7/57	7	
1		30. Name and address of p	persolutho c	ompleted caus	e of deeth (Iten	23a) (Ty	pe, Print)		1 4 7		- '-	11		
/		Shalma	4 44	EN.	Sterni	Aur.	Ball	ممدد	, MO:	21224				
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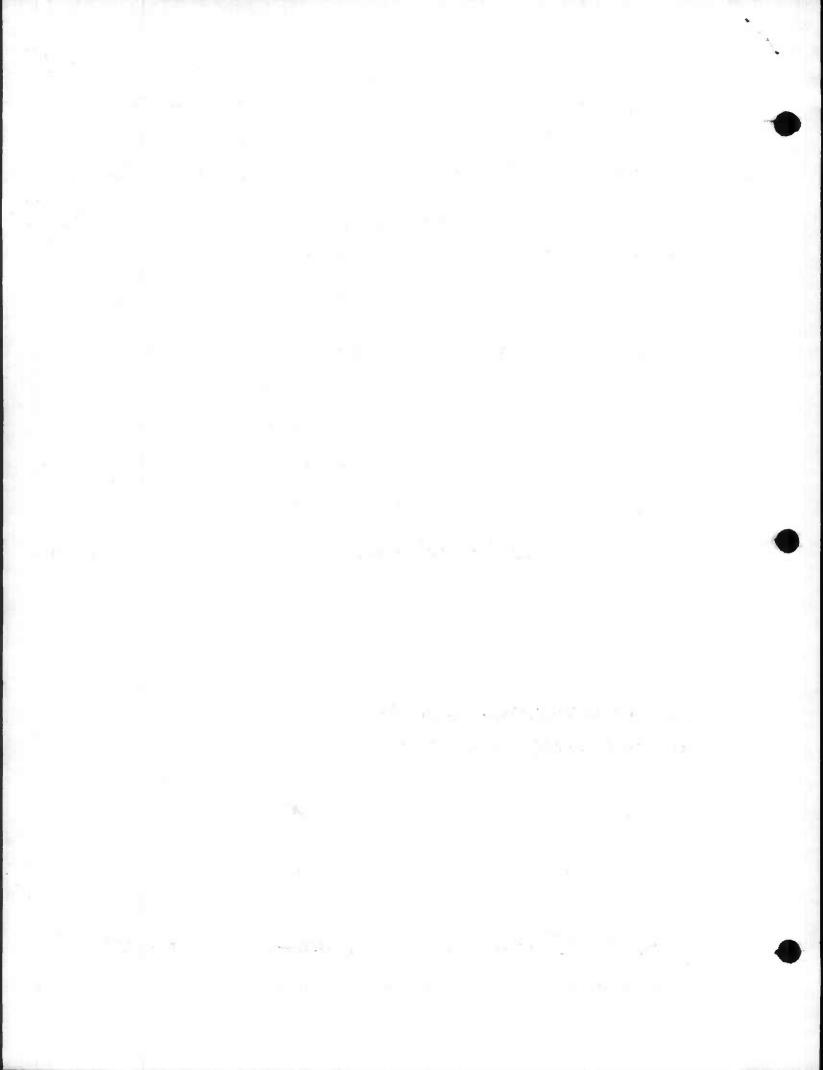
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					Olulo	or ivial yla	1147 5	Certificate o	f Death	vicinairiy	Reg. No.		0470
	Physic		Decedent's Neme (MARY		SI)					2. Dete of De Month	eeth Dey	Year	3. Time of Deeth
A.	/Medi		4a. Fecility Neme (If n			ım <i>her</i>)	-	V =	4b. City, Town, or I	March ocation of Deel		y of Deeth	10 . ZUP. N
-4	Exami	ner	C	A 4		OSPIC	-		Tows			imore	
Н	F		5. Social Security Num			7. Age (In yrs		If Under 1 Ye					e (State or Foreign
80	Funeral Director		212-34-85 Usuel Basidence of Di	522	□ M 2 万 F	86		rs. Months Dey		(Month, Da	ay, Year) 0, 1910	Pennsy	e (State or Foreign)
	land		10e. Stete 1	0b. County		10c. C	ity, Town	or Location				10d.	. Inside City Limits
	the Marylar 28a-f show	ţ	MD.	-		В	altu	more					1ÆYes 2□No
	r 28s	Funeral Director	10e. Street end Numb	er				10f. Zip Code)		10g. Citizen of	What Country	?
	A with	D	3011 Flee	etwood	Ave			212	214		USA		
	deat	ner	11. Maritel Status		12. Wes Dec	edent Ever in I	J,S.	13. Was Decedent o	f Hispenic Origin? (Suben, Mexican, Puert	pecify Yes or No		ce - American	
21215-0020	s 1 end 2 should be filed within 72 hours efter death with the Maryland Health and Mantal Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, Ite Medical Examinar must be notified at	by	1 ☐ Never Married 3 ☑ Widowed 4 [Armed Fe 1 ☐ Yes If Yes, Gi Yeer or D	2 No		1 ☐ Yes 2 🕱 N		o Hican, etc.)	Specia	ock, White, etc	
2-0	72 ho	Completed		5. Decadent's E			16a. I	Decedent's Usuei Occ	supetion	l in m	16b. Kind of E	Business/Indus	
21	Bn "n	ple	Elemantary/Second	only highest gre lery (0-12)	completea) Collaga (- 1	Give kind of work dor lifa. DO NOT usa rati	ne dunng most of wor ired)	King	0		
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y a	should nd Man	ျ	UNKHOW	IN EN	GLISH				UN	KHCMI	1		
Jar	2 sh and is m		19e. Informent's Nem-	e/Relationship (Type, Print)		19b.	Mailing Address (Stre	_			, State, Zip Co	ide)
	1 end Health em 27 rther tr		ARTHUR [NIWO	1	21	012 lyx r	lace bo	uto. Mi		-	
Baltimore,	permit. Peges 1 end Department of Health Important: If item 27 any injury or other th		20e. Method of Dispos		Removel from		cemetery	Disposition (Neme of r, cremetory or other p	plece)	Merch 29	20c. Location	- City or Town	, Stete
tim	permit. Peges Department of Important: If it any injury or once.		4 Donetion 5			P	ARKV	1000 Ceme	tery	1997	Parnyl	le, Mar	yland
Sal	permit. Departrimports any inje		21. Signature of Fune	ral Service Licer	100	V		22. Neme end Add	dress of Fecility			tarford	
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			23a. Part1. Enter the shock, or heart for	disease, or com ailure. List only	piications that one cause on i	caused the dec	th. Do n	ot enter the mode of d	lying, such es cardiec	or respiretory	errest,	In	pproximate tervel Between
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	/Medical Examiner		Immediate Ceuse (Fir diseese or condition rasulting in death)	nei	FOV	JG CI	SUM!	EK				1	month
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ď,	tificate be executed g physician and as the buriel-transit	Exa	Sequentielly list condi if eny, leading to imme cause. Enter Undarly Cause (Disease or Inju- that initieted events	itions, ediate		Due to (or es e c	onsequence of):					
68760,	e be sicla e bun	edicai	Cause (Disease or Inju	ury	c	Due to /	05.00.00	onsequence of):					
	g phy as th	edi	resulting in death) Las	st		D00 10 (or es e co	risequence or).					
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	tha death cer y the attendir ached for usa	Physician/N	Part II. Other significe	ent conditione o	ontributing to d	eath but not ra	sulting in	the underlying cause	given in Pert I.	23b. Dld	tobacco use co	ontribute to th	ne cause of deeth
P.0	res that the de signed by the a ba detached i	2h	cheren:	TNES	T. 1 101	RIS	6	06	_	1 🗆	Yes 2 No	3 Probab	oly 4 Unknow
	es the	by	G/6120	1100	I POPTE	ے کا ک	ELV	, -6				_	
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of	Physiclan: this certific ral director,	P	1 Yes 2 No)			ER/Out	patient 3L DOA			idenca 6 □Ot		
E		ii o	27. Menner of Deeth 1 Natural	5 Pending		of Injury oth, Day Year)	28b. Ti	jury V		28d. Describe	how injury occu	rred	
Sic	Attending r death. ector: After by the fune	cat	2 ☐ Accident 3 ☐ Suicide	investigation 6 Could not be					☐ Yes 2☐ No	206 Leasting	(Chan ad air of \$1, and	has as Coss C	barrie Abrambian
Division	in Dy	Certification:	4 Homicide	datarmined	200. FIBUR	ing, etc. (Spec	ify)	m, street, fectory, offic	ea .		(Street end Num wn, State)	per or Hurai H	oute rvumper,
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1	4 2 9	edical		Medical Exam	iner: On the b	asis of examination states.	etion end	daath occurred at tha for investigetion, in m	y opinion, death occu	red et the time,	dete end place	end dua to th	e cause(s)
,	within To th campi	Me	29b. Signeture end title	e of certifier				29c. Lice	nse number		29d. Dete sign	ed (Month, De	y, Yeer)
	- × - 5		Allen to	200) fra.	00	^	1	28-42		4/1	107	
	10		30. Neme end eddrass	of person who	completed same	sa of death (11-	m 22el /	Type Print)	رجمين		17/	7/	
	10							VALLEY R	Tours	, Mr.	212011		
	Sta	te	DR. Kendall 31. Dete filed (Month,	Day, Year)	32. F	Registrer's Sign	etura	VALLEY	o. lowson	1, 110. /	-1404		
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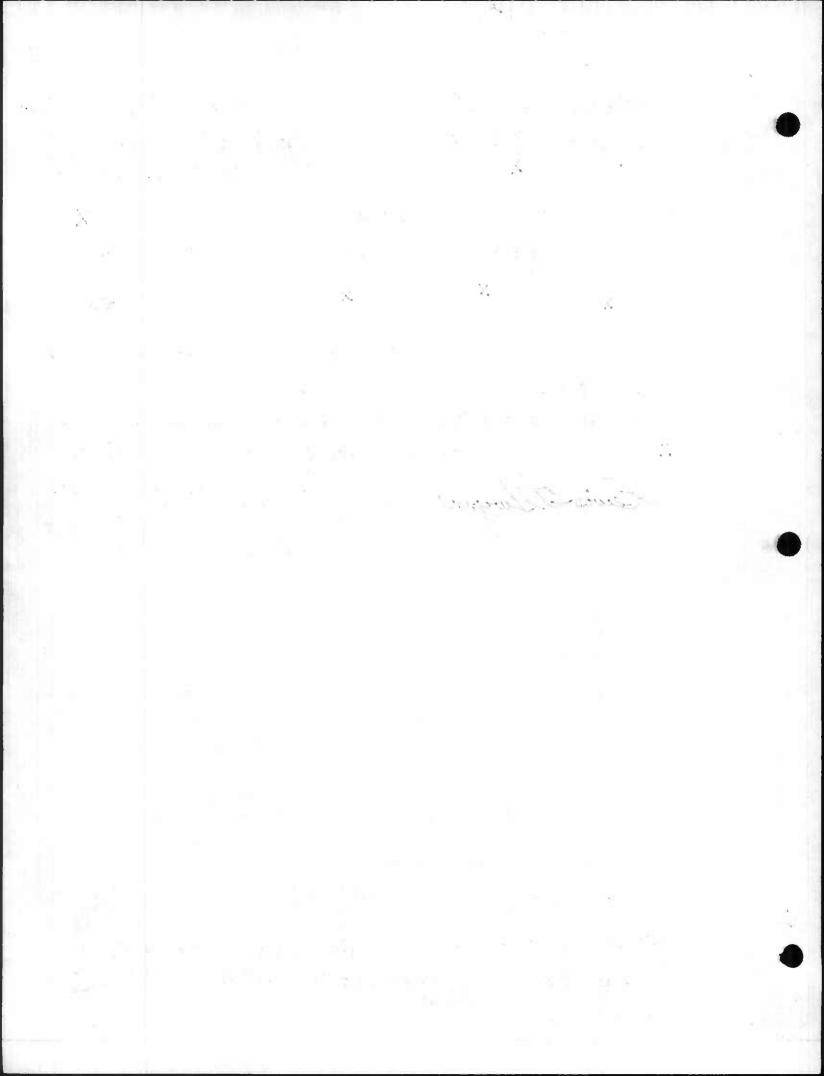
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month ELLEN MARIE APRIL 4,1997 7:15 A.M. /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 4922 ST. GEORGES AVENUE BALTIMORE | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | Months | Deys | Hours | Min. | JAN 25, 1912 7. Aga (In yrs. last birthdey) 9. Birthplaca (State or Foreign **Funeral** 1□M 2☑F 213 10 6000 85 Yrs WEST VIRGINIA Director Usuel Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. fnside City Limits traumatic event, the Medical Examiner must be notified at MD. N/A BALTIMORE 1 No 2 No Director 10f. Zip Code 10g. Citizen of What Country? 6 4922 ST. GEORGES AVENUE 21212 U.S. OF A. 238 Funeral 12. Was Dacedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 전 No If Yes, Give Yaar or Dates: Herne Wes Decedent of Hispanic Origin? (Specify Yas or No-ff Yes, specify Cuben, Maxican, Puerto Rican, atc.) Rece - American Indien, Bieck, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural" any injury or other traumatic averagence. 1 Never Married 2 Merried 1 ☐ Yes 2 ☐xNo Specify: BLACK ð 3 Widowad 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grada complated) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementary/Secondery (0-12) Collega (1-4or 5+) N/A SEAMSTRESS FACTORY 17. Father's Nema (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Surnema) WILLIAM KEYES MARY KEYES 19e. Informant's Name/Reletionship (Type, Pnint) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) DWAYNE KEYES (NEPHEW) 702 MALLARD COURT EDGEWOOD, MARYLAND 21040 20c. Location - City or Town, Stata BALTO 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 4/9/8019 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State OWINGS MILLS.MD. CO 4 ☐ Donetion 5 ☐ Other (Specify) GARRISON FOREST VET. CEM. 21. Signeture of Funaral Sarvice Licensee LEWIS 22. Name and Address of Fecility
LEWIS T. GWYNN Τ. FUNERAL HOME 21215 23e. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Physician fmmediete Cause (Final disaasa or condition resulting in deeth) /Medical Examiner by Physician/Medical Examiner physician and the burial-transit Sequentially list conditions, if eny, leeding to immadiete cause. Enter Underlying Ceuse (Disaase or Injury that initiated events resulting in deeth) Lest P.O. Box 68760. Due to (or es e consequança of) 80 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 □ Probably 4 □ Unknown of Vital Records, 24e. Wes en eutopsy performed? 24b. Were eutopsy findings Completed completion of cause of death? NA emia 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Wes casa raferred to medical examiner? Be 26. Pleca of Deeth (Check only ona) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred ision Naturel 5 Pending Investigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stafa) 3 ☐ Sulcide 28e. Plece of fnjury - At home, farm, street, fectory, office building, etc. (Specify) à 4 Homicide id 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, deta and piece, end due to the ceuse(s) end manner as steted.
2 Medicat Examiner: On the basis of axeminetion end/or investigetion, in my opinion, death occurred at the time, deta and piece, end due to the cause(s) end manner stated. (Check only one) within 2 To the 29b. Signeture end title of certifian 29c. Licansa number 29d. Date signed (Month, Day, Year) 30. Name end eddrass of person who completed causa of death (Itam 23a) (Type, Print), Susan Henley MD, Glenwood Health Center 5225 York Rd Balto 21212 31. Dete filed (Month, Day, Year) 32 Registrer's Signetur State APR 0 8 1997 Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 10472

,				Certificate of	Death	Re	eg. No.	
Phy	siciar	1. Decedent's Name (First, Middla, Last)	10 1115			2. Date of Deat		3. Time of Death
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Exa	mine	4a. Fecility Nama (If not institution, giva str	aat and numbar)		4b. City, Town, or Lo	dation of Death	4c. County of	
Francis	wal low	5. Social Security Number 6. Sex	7. Aga (In yrs. la	st birthdey) If Under 1 Yaar	if Under 24 Hrs.	8 Date of Birth	4	N/A
Fune Direc		220 36 3619 1DN		Yrs. Months Days	Hours Min.	8. Data of Birth (Month, Day, MAY 18	1928 i	9. Birthpleca (Stata or Foraign Country) MARYLAND
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show	đ ,	10a. Stata 10b. County N/A		Town or Location				10d. fnside City Limits
Sa-f		MD. N/A	D	ALTIMORE				1 Yas 2□ No
with th	i	10e. Street and Numbar 908 E. BIDDLE SI	TREET	10f. Zip Coda 21202			Og. Citizan of Wh	
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arylan should be nd Mental marked o	1	19a. informant's Nama/Reletionship (Typa		19b. Mailing Addrass (Straa	CLARA G		City or Town C	tete Tie Code)
		MRS. WILLIE M. (., MD. 21213
Baltimore, bernit. Peges 1 er Department of Hea mportant: If Item 3		20a. Mathod of Disposition	20b, Pla	ce of Disposition (Nama of		Data 2		ity or Town, Stata
Peges nett of nt: 1f ltc		1 Burial 2 □ Cramation 3 □ Ram 4 □ Donation 5 □ Other (Spacify)	noval from Stata MT.	ZION CEMET	ERY 4/7/	97	BALTIMO	ORE, MARYLAND
Baltil permit. F Departm Importan	once.	21. Signetura of Fundal Sarvica Licansee	LEWIS T.	GWYNNama and Addra	ass of Facility			01015
u azes	8	Lewis	General)	4517 PAR	S I. GWY	SAVE	BAITO	OME 21215
		23a. Pert1. Entar tha diseesa, or complicate shock, or haart failura. List only one	tions that call ad the death.	Do not anter the mode of dyi	ing, such es cardiac o	r raspiratory arre	est,	Approximate interval Batween
Physicia			V					Onset end Death
/Medic Examin	_	Immedieta Causa (Final disaasa or condition resulting in daath) a	Ischen	uz Hear	1 AC 2	eosq		years
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uted	Fxaminer	b. –	D	, , ,				
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k req	ete					perform		evailable prior to completion of cause
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plant a min								
Hos 24 ho Fun etaly	edicai	29a. Certifier 1 Cartifying Physicia (Check only one) 2 Madical Examinar:	an: To the best of my knowle On the basis of axamination and mannar stated.	edge, death occurred et the tir n end/or invastigation, in my o	ma, data end plece, e opinion, daath occurre	and dua to tha car ad et tha tima, da	use(s) end menn ta and place, end	er as stated. d dua to tha causa(s)
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(/	30. Nania and address of parson who comp	lated cause of daath (itam 2	(3a) (Type, Print)	0 2 , 0		DI.	A. 100
			tricio 8	8903 447	rtord	POAT	3 B40	2/23/
	State	31. Date filed (Month, Day, Year)	82. Repistrar's Popular					
Regi	istrar	APR 0 8 1997						



					Ce	rtificate	of i	Death	,	Reg. No.		
Physic	ian	1. Decedent's Name (First, Middle, La	ist)				_		2. Date of De Month	ath	_ Yeer	3. Time of Death
/Med		Lillian			М.		Gra		Apri		7	9:30pm
Exam	iner	4e. Facility Name (If not institution, given Heritage Meric	lian Nursi	ng Hom				b. City, Town, or l Duncla	1k		y of Deeth Balti	more
Funera Director		578-46-0096	Sex 7. Aç 1 □ M 2 💢 F	ge (In yrs. las 91	yrs.		Year Days	If Under 24 Hrs. Hours Min.	(Month, De	th ly, <i>Year)</i> 29-05		place (State or Foreign ntry) ington, D. C
and		Usual Residence of Decedent 10e. Stete 10b. County		10c. City,	Town or Lo	ocation					1.	10d. Inside City Limits
ne Maryl 8a-f sho	Director	Wash.D.C.	N/A			N/A						Yes 2□No
th with the 23a or 2	ai Dire	7007 31st. St.	N.W.			10f. Zip Co		20015		10g. Citizen of	What Coul USA	ntry?
d within 72 hours effer deeth with the Maryland jiens	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates:			Was Decedent If Yes, specify 1 ☐ Yes 2 【】		ispenic Orlgin? (Sp in, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)	- 14. Ra Bla Specii	ck, White,	can Indian, etc. iite
	Completed	15. Decedent's E (Specify only highest gr	ducation		16a. Dece	dent's Usual O	ccup	ation duning most of work	k <i>i</i> na	16b. Kind of B	usiness/in	dustry
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filed with Hygiena. ither than	ပိ	12 17. Father's Name (First, Middle, Last	0		F	lomemak	er	18. Mother's Nam	o /First Middle		n Hom	e
2 should be filed within end Mental Hygiena. Is marked other than aumatic event, the M	To Be	Frank	Dekowski					Martha		Gacko		
ges 1 end 2 should be filed within to f Health end Mental Hygiena. If item 27 is marked other than or other traumatic event, the Mental Hygiena.		19a. Informant's Name/Relationship (Darnell Dekowski						an <i>d Number or R</i> u stle Dr.			State, Zip 2123	
- 0 E - >		20a. Method of Disposition 1 □XBurial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif				sition (Name on natory or other nislau		Θ)	Dete 4-9-97	20c. Location Dun(l	- City or To alk,	
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_		234 and Enfor the disease, or com	plications that caused	the death.	Do not ent						1	Approximete Interval Between
death certificate be executed e ettending physician and d for use es the buriel-transit	VMedical Examiner	disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in death) Last	. HYS	Due to (or a	S a consection of the consecti	uence of):	1_	CARDI				
	Physician/	Part II. Other eignificant conditions of	ontributing to death b	ut not resultin	ng In the u	nderlying caus	e give	en in Pert i.	23b. Did 1	obacco use co	ntribute to	the cause of death?
that the de led by the detached									10	Yes 2□ No	3 Prol	bably 4 Unknown
v requires been sign should be	Completed by								24a. Was perio	an autopsy rmed?	eva	ere eutopsy findings allable prior to impletion of cause
The law ata has b page 2 si	E O								101	es 212 No		death? ⊒Yes 2⊡ No
	BeC	25. Was case referred permedical						26. Plece of Deal				1168 21110
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	ertification:	27. Menner of Death 1 Natural 5 Pending 2 Accident Investigation	28a. Date of Inju (Month, Da)	ry Y Year) 28	Bb. Time of injury		fnjury Work		28d. Describe h			
or Attanding after death. Director: After in by the fune	Certific	3 Suicide 6 Could not be determined	28e. Place of Injubuilding, etc	ury - At home c. (Specify)	, farm, str	et, factory, of	fice		28f. Location (5 City or Tox		per or Rura	il Route Number,
	edical (29a. Certifier (Check only one)	ysiclen: To the best of inner: On the basis of and manner sta	examinetion	dge, death and/or inv	occurred et the	ne tim	e, date and place, linion, death occur	end due to the dred at the time, d	ceuse(s) end ma date and plece,	anner es si and due to	ated. the cause(s)
CTO!	Me	29b. Signature end title of certifier				29c. Lie	cense	number		29d. Date signe	d (Month,	Dey, Yeer)
-		Samudu	4 7.	1110	MA	1	2	7120		417	197	
4		30. Name end eddress of person who	completed cause of d	eath (Item 23	Be) (Type,	Print)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Bak	ting	MA	21	222
Sta	ite	31. Date filed (Month, Day, Yeer)	32. Registra	ar's Signature	9	1.4	~~	. , , , , ,			VI	~~~
Regist		APR 0 8 1997	a Davi	doon-R	ndelle							

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State of Maryland / Department of Health and Mental Hygiene

							Cei	rtificate of	Death	R	leg. No.	21	104/4
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	Examir		4a. Fecility Neme (If not institution, g	ive street end nu	mber)			4b. City, Town, or I	ocation of Deeth	4c. County	of Death	
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П	Funeral		5. Social Security N		Sex	7. Age (In yrs		If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Dey	Year)	9. Birthp	place (State or Foreign
	Director		524-10	3,30	1□ M * * * * * *	93	Yrs.			Apr.2,	1904	IOI	
	and *-		Usuel Residence o	10b. County		10c C	ity, Town or Lo	cation	-			1	Od Inside City I being
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	the N	ect	10e. Street and Nu				Daioi	-			0.000		
	eth with the Marylar 23a or 28a-f show ust be notified at	ā			73.3			10f. Zip Coda	0	'	0g. Citizen of V	vnet Cour	itry?
	8 23	Funeral Director	208 W	oodlawn		edent Ever in U	IS 13 V	2121		posity Vac or No.	USA	a - Amorio	en Indien.
	her dee Hems	E L		ied 2□ Married	Armed F		7,0.	f Yes, specify Cubi	lispenic Origin? (Si an, Mexican, Puerto	Rican, etc.)	Blac	k, White,	
320	irs af	by	3 X Widowed		If Yes, Gi	Ne -		1□ Yes 2☐ No	Specify:		Specify	Wh	ite
5-0020	72 hours after deeth with the Maryland natural', or items 23s or 28s-f show ites! Examiner must be notified at			15. Decedent's E	ducation		16a. Deced	ient's Usuel Occup	ation		16b. Kind of Bu	siness/Inc	dustry
215	within 7. ene. than "n	Completed	(Spec	only highest g		1-4or 5+)	(Give	kind of work done DO NOT use ratire	during most of world)	king			
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bu	should be filed within 72 hours of Mentel Hygiene. marked other than "natural", imatic event, tre Madical Exe	Be (17. Fether's Neme	(First, Middle, Las	t)				18. Mother's Nam	ne (First, Middle, I	Meiden Sumem	e)	
/a	Ment Mrked mrked	To		(unkno	wn)]	Blaine		P€	earl	(unkno	wn)	
Maryland	2 6 6 6		19e. Informant's Na	ame/Ralationship	(Type, Print)	111			end Number or Ru		-		
-	is 1 end of Health litem 27 other tr		Arthur	O. Gray	, JR./	Son	7802	Sound	Dr., Em	erld Is	sle, No	20	894
ore	of H item		20a. Method of Disp	cosition Cremetion 3 [Bemoval from		Plece of Dispo ce <i>matary, cr</i> en	sition (Name of netory or other plea	ce)	Date	20c. Location -	City or To	wn, Stete
Ë	Peg ment ant: I		4 Donetion	5 ☐ Other (Spec	ify)	Gre	een Mo	unt Cre	ematory	4-7-97	Balti	more	G.M , €
Baltimore,	permit. Peges Depertment of Important: If is any injury or once.		21. etgnature of P	eral Service Lice	nsee	1/1		. Name end Addre					
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Vital	certificete	Be	25. Wes case reference examiner?							th (Check only on	10)		
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	ding Ph. h. After thi funeral		27. Mennar of Deeti X X Natural	n 5 ☐ Pending	28e. Deta (Mon	of Injury hth, Day Year)	28b. Time of Injury	28c. Injur Wor	y et k?	28d. Describe ho	ow injury occurr	ed	
Sio	Attending or death.	atle	2 Accident	Investigation				M 1 🗆	Yes 2 □ No				
Division		Certification:	3 ☐ Suicida 4 ☐ Homicide	6 Could not li datarmined	288. PIECE	of Injury - At hing, atc. (Specif	ome, farm, stra	aat, factory, offica		28f. Location (St City or Town	treat and Number, Stata)	er or Rure	Routa Number,
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-	thing a	Med	uney		and man	nar statad.							
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	D. 1			1101.				VI	,, ,,,,		APKI	T1 / 1	1997
	10		30. Nema and addra	ass of person who		1		Print)	О.Т. С.	ፐጥኮ 524	C D1	0 1	(D 21210

Registrar

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State of Maryland / Department of Health and Mental Hygiene 10475 Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Deta of Deeth 3. Time of Deeth Dey 1997 **Physician** (TRIFFITH ELNER April 04, 8:30AM /Medical 4a. Fecility Neme (If not institution, give straet and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 2000 Rollingwood Road Catonsville Baltimore 5. Sociel Security Number If Under 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 8. Date of Birth (Month Day, Year) 0 //29 / 1928 7. Age (In yrs. last birthday) **Funeral** 9. Birthpleca (State or Foreign MD ... Months Days Hours 1□M 2☑F 216-20-6460 68 Vrs Director Usuel Residence of Decedent filed within 72 hours after death with the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f ahow 10d. Inside City Limits 7 is merked other than "natural, or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at Director MD. Baltimore Catonsville 1 ☐ Yes 2 XNo 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 2000 Rollingwood 21228 Road U.S.A. by Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ≦ No If Yes, Give Yeer or Dates: Was Dacedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. 1 Nevar Married 2 Married 21215-0020 1□ Yes 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. ant: If item 27 is marked other than ' ury or other traumatic event, the Me Elementary/Secondery (0-12) College (1-4or 5+) Home Maker Own Home Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maidan Surneme) Be Roy Joseph Mullen Ella Marie Davidson 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Charles H. Griffith, Jr./Husband 2000 Rollingwood Rd. Catonsville, MD. 21228 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Date 20c. Location - City or Town, Stete XXBurial 2 ☐ Cramation 3 ☐ Removel from Stata permit. Page Department of Important: If any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Garrison Forest Vet. Cem. 4/7/97 Owings Mills, MD. 21. Signature of Funerel Sarvice Licenses 22 Name and Address of Fecility Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave. Baltimore, MD. 21228 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heert feilure. List only one ceuse on eech line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Ceuse (Finel BREAST CANCER METASTATIC diseese or condition resulting in deeth) 1 YEAR **Examiner** Due to (or es e consequença of) The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events rasulting in deeth) Lest Due to (or es e consequence of): Records, P.O. Box 68760, Physician/Medical Due to (or as e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? B CEREBROVASCULAR 1 Yes 2 No 3 Probably 4 Unknown Accident signed be del à 24b. Were eutopsy findings eveileble prior to completion of causa of deeth? Be Completed 24e. Wes en eutopsy performed? certificate 1 ☐ Yas 2 No 1 ☐ Yes 2 No Division of Vital Physician: 25. Wes case referred to medical 26. Place of Deeth (Check only one) 2 1 Yes 25 No Other: 4 ☐ Nursing Home 5 🗷 Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA # 28e. Dete of Injury (Month, Dey Yeer) Certification: 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Atter Attending 1 Neturel 5 Pending death. 1 ☐ Yes 2 ☐ No 2 Accident Invastigation Director: 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) à or A 4 Homicide nous Medical 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier (Check only one) the Ho Tin 24 I 29b. Signeture and title of cartifian 29c. License number 29d. Deta signed (Month, Dey, Year) 230182 Russellas 30. Neme end eddrsss of person who completed cause ot deeth (Item 23e) (Type, Print) NUZMAN WILLIAM Russfil my 3421 BALT MO AVE 32. Registrar a Signeturande 31. Dete filed (Month, Day, Yeer) State

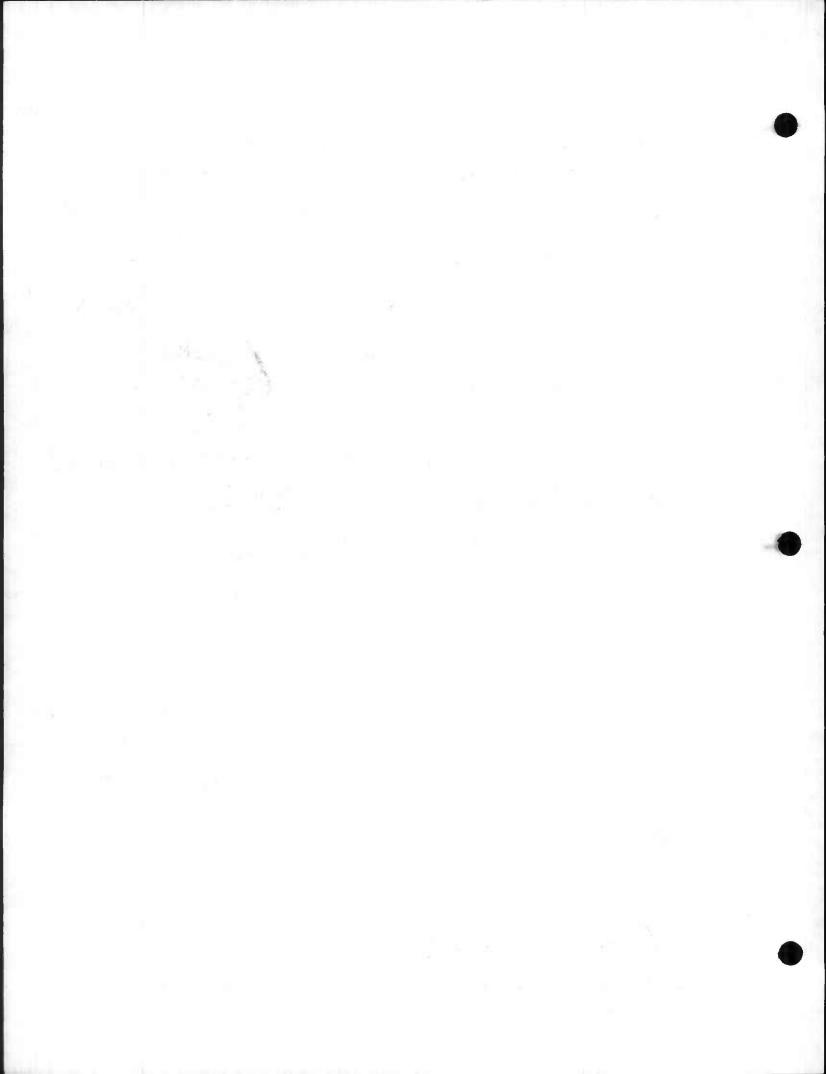
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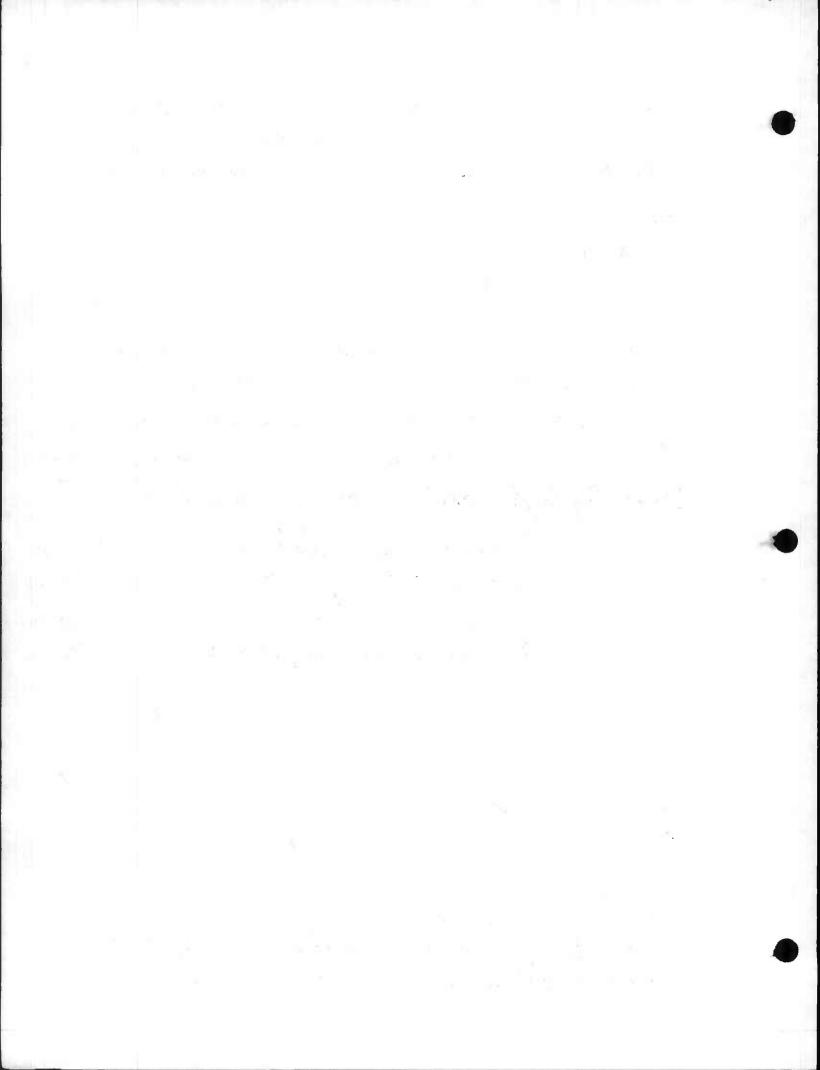
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show	_	10e. State 10b. County		City, Town or Location						side City Limit
28a-f	Director	IND		allimore						Yes 2 N
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natural', or items 23a or 28a-f show	Funerai	1 Never Married 2 Married	Armed Forces?	If Yes, s	pecify Cuba	n, Mexican, Pue	Specify Yes or North Rican, etc.)	Ble	ck, White, etc.	iien,
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ysiclan		23a. Anti. Enter the disease, or con hock, or heart feiture. List only	one ceuse on each line.		^	,, 000.00	-		Inten	rel Between
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State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Middle, Las	t)	Ce	ertificate o	t Death	2. Dete of Dee	Reg. No.		3. Time of Deeth
Physician	_		V	HUNTER			Month APRIL 0	Dey	Yeer 7	09:18PM
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		THE JOHNS HOPKINS	HOSPITAL			BALTIMORE	CITY		N/A	
Funerai		5. Sociel Security Number 6. Se	7. Age (In	n yrs. lest birthday Yrs.	/ If Under 1 Yea Months Dey		8. Dete of Birth (Month, Day June 6	Year)	9. Birth	plece (State or Foreign
irector	Ì	Usual Residence of Decedent	xx 66				Julie 6	, 1930	Keni	tucky
Mow III		10a. Stete 10b. County	10	c. City, Town or I	ocation					10d. inside City Limits
MITTER MITTER	cto	Maryland N/A		Ва	ltimore					XXX 2 No
De n	Funeral Director	10e. Street end Number			10f. Zip Code		1	10g. Citizen of		ntry?
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edical Evan	٥	XXX Widowed 4 Divorced	If Yes, Give Year or Detes:		1 □ YesXXX N	o Specify:		Specify	Whit	ce
) 경	Completed	15. Decedent's Edu (Specify only highest grad	ucation de completed)	16e. Dec	edent's Usuel Occ e kind of work don	upetion ne during most of wor	rkina	16b. Kind of B	usiness/In	dustry
other traumatic evant, tra mode	Ē.	Elementery/Secondary (0-12)	College (1-4or 5+)	life.		e during most of wor red)		0		
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d	o Re	Willard Jesse B	lair				Pelphre		,	
1	-	19e. informant's Name/Relationship (T)	ype, Print)	19b. Mai	ling Address (Stre	et end Number or Ru			Stete, Zij	Code)
	1	Harold W Hunter Jr	Son	8627	01d Fred	erick Road	d Baltimo	ore Mar	vland	1 21043
		20a. Method of Disposition 1) During 2 □ Cremetion 3 □ F		Ob. Pleca of Disp	position (Name of emetory or other p			20c. Location -		
once.		4 □ Donation 5 □ Other (Specify,		Crestla	wn		4/10/97 1	Marriot	tsvil	lle,Marylan
once.		21. Signeture of Funeral Service Licens	ee V	1-	22. Name and Add	Iress of Fecility	Mitch	hell-Wi	edefe	eld Home
· u	1	Janus Hepke	Mena	Res 6	500 York	Road Bal	timore, M	Marylan		212
an		23a. Pert1. Enter the disease or comp shock, or heert feilure. List only o	ne cause on each line.	death. Do not e	nter the mode of d	ying, such es cardied	or respiratory err	rest,		Approximete Intervel Between Onset end Deeth
n ai	1	Immediate Cause (Final	Dr. lin	0 //		15 mal 25	m			1 /2
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i i		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events	. LI we	V f	allu	re				4 Mouth
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oj oj o	SICIS	Pert II. Other significent conditions co	ntributing to death but no	ot resulting in the	underlying cause	given in Pert I.	23b. Did to	obecco use co	ntribute t	o the cause of death?
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000	Completed						24e, Wes a perfor		ev	ere eutopsy findings relieble prior to empletion of cause
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e luneral director, page 2		27. Manner of Deeth	28a. Date of Injury (Month, Dey Ye				28d. Describe h		6-1-	97
100	atio	Naturel 5 Pending investigation	(Marin, Bay ro	a., mjury		Yes 2 No				
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Cooper		29b. Signature and title of certifier	1//	/	29c. Lice	nse number	2	29d. Dete signe	d (Month,	Pey, Year)
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	1	30. Name end andress person this of	ompleted cause of clean	(Itom 23e) (Type		111		1	0	1
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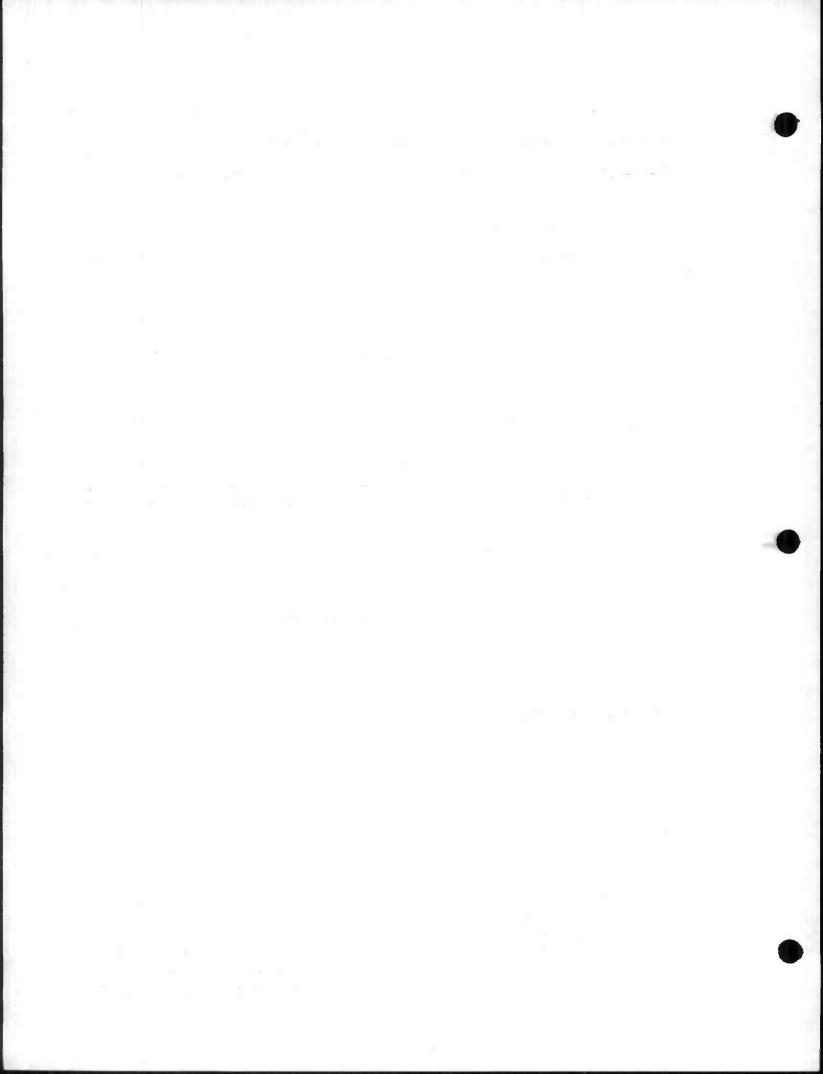


State of Maryland / Department of Health and Mental Hygiene

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	Physic /Medi		Decedent's Neme (First, Middle, Last Anna A.	Helle	er				2. Dete of D Month April	Dey 4, 1997	Yeer	3. Time of Death 9:50 am
	Examir		4e. Fecility Neme (If not institution, give	e street end number	r)			4b. City, Town	n, or Location of Dea	th 4c. County	of Deeth	
			Johns Hopkins Bay	view Med	ical C	enter		Baltimo	ore		A1 / A	
8-	F		5. Social Security Number 6. S		ge (In yrs. las		If Under 1 Ye			irth	N/A 9 Birthr	Nece (State or Foreign
	Funeral		1	□M 2ØF		Yrs.	Months De	ys Hours	Min. 8. Date of B	ey, Year)	Cour	olece (State or Foreign
ĭ.,	Director		213 ≈ 20 ≈ 8339 Usuel Residence of Decedent		70		-		July ?	27,1926	Mar	yland
	pus *		10a. State 10b. County		10c Cify	Town or Lo	cation				1	0d. Inside City Limits
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	\$ 50 E	Jire	10e. Street end Number				10f. Zip Code	Ð		10g. Citizen of	Whet Cour	ntry?
	ith with the Marylar 23a or 28a-f show	aj C	1903 Washington 1	Road				212	22	Unite	d Sta	tox
	deat	Funeral Director	11. Marital Status	12. Was Decedent	t Ever in U,S.	13. V	Ves Decedent of	of Hispenic Origin	n? (Specify Yes or N Puerto Rican, etc.)		ce - Americ	
	in the	J.	1 ☐ Never Married 2 ☐ Married	Armed Forces' 1 ☐ Yes 21⁄		H	Yes, specify C	uben, Mexican,	Puerto Rican, etc.)	Ble	ck, White,	etc.
20	rs af	by	3 Widowed 4 □ Divorced	If Yes, Give Year or Dates:		1	☐ Yes 2X☐ N	to Specify:		Specif	y:	101. 140
21215-0020	filed within 72 hours after death with the Maryland thygiene. ther than "natural", or ferms 23a or 28a-f show ont, if a Medical Evaminer must be notified at					10a Dassad	antia Havel Oa	num atlan		1 son Windows D		White
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12	within than	E E	Elementary/Secondary (0-12)	College (1-4or	5+)			ii eu j				
2	al Hygie other t	ပိ	12 Years			Hou	sewife	T	T	Own		
Ę.		Be	17. Fether's Name (First, Middle, Last)						s Name (First, Middle	e, Malden Sumen	ne)	
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Maryland	s 1 and 2 should be f Health and Mental tem 27 is marked o other traumatic eve	'	19a. Informent's Neme/Reletionship (Type, Print)		19b. Mailin	g Address (Stre	eet end Number	or Rurel Route Num	ber, City or Town	Stete, Zip	Code)
	PEL		Linda Loudermil	k / Niece		119	Church	Stroot	Glen Roc	b PA 1	7327	
ရ	ses 1 and of Health If Item 27 other tr		20a. Method of Disposition	ic / weece	20b. Plac	ce of Dispos	sition (Neme of		Dete	20c. Location		own, Sfete
Baltimore,	o = o		1 □ (Burial 2 □ Cremation 3 □		cen	netery, crem	netory or other p	olece)				
Ë	mer mer jury		4 ☐ Donation 5 ☐ Other (Specify	′)	Oak	Lawn	Cemeter	.y	4/8/1997	Balti	more,	MD
a	permit, Pages Department of important: If it any injury or once.		21. Signature of Funeral Service Licen	see		22	Name end Ad	dress of Fecility	al Home of	1 0 10	1 -	100
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	_	Н	23a Pert1 Enfer the disease or com-	dications that cause	ed the death	Do not ente	922 Was	e Ave.	Dundalk,	Marykan	d 21	222 Approximate
			23a. Pert1. Enfer the disease, or companies shock, or heart failure. List only	one ceuse on each	line.	20 1101 01111	31 (110 1110 00 01 1	3,119, 5401, 55 6	and do i rospirotory	011001,		Intervel Between Onset end Deeth
	Physician										1	Crisci and Doour
	/Medical		Immediate Ceuse (Finel disease or condition	Sepsis							1 -	10 days
	Examiner		resulting in death)	e	Due to (or e	s e conseq	uence of):					
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Ć,	exec n ar ial-tr	EX	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	Adult F	,			ss Syndr	ome			10 days
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o.	requires that the death een signed by the atter hould be detached for I	Physicia	Pert II. Other eignificent conditione or	ontributing to death t	but not resulti	ing in the un	iderlying ceuse	given in Pert I.	23b. Dic	tobacco uee co	ntribute te	the cause of death?
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Division of Vital Records,	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medical examiner?						of Deeth (Check only	one)		
+	physic this ce al dire	2	1 ☐ Yes 2X No	Hospital: 1 X Inpati	ient 2 EF	- VOutpetien	3□ DOA	Other: 4 Nurs	ing Home 5 Res	sidence 6 Oth	ner (Specil	(y)
0	a Ph er th eral	ä	27. Manner of Death	28a. Date of Inju	ury 2	8b. Time of	28c. lr	njury et Vork?	28d. Describe	how Injury occur	rred	
ō	Attending ir death. ector: After by the fune	Certification:	1 Natural 5 ☐ Pending 2 ☐ Accident investigation		ey rear/	Injury	M 1	Yes 2 N	0			
S	After dea	fice	3 ☐ Suicide 6 ☐ Could not be	28e. Place of In	niury - At hom	e. farm. stre	et fectory offic	ce	28f. Location	(Street end Num	ber or Run	al Route Number.
S	or Atten after deal Director	erti	4 Homicide	building, e	tc. (Specify)	.,				wn, Stete)		
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	Part of the state	edical	(Check only 2 Medical Exam	yelcian: To the best liner: On the basis o	t of my knowle of examinetion	edge, deeth n end/or inv	occurred et the estigetion, in m	fime, date end v opinion, death	place, end due to the occurred et the time	e ceuse(s) and m	enner es s end due t	teted. the ceuse(s)
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					rada Ci		4940	Easter	n Ave, Ba	lt. MD	21224	1
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	Registr	ar	APR 0 8 1997	9	to one fallons	. 6						



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Marreta April 02, 1997 8:30 A.M. /Medical 4e. Fecility Name (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 11 Limb Court White Hall Baltimore Co. 5. Social Security Number Year If Under 24 Hrs. Days Hours Min. 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Months 1 M 200 Days Director 216-30-6225 61 June 05,1935 Pennsylvania Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland Baltimore Co. White Hall 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11 Limb Court 21161 United States Funeral death 11. Marital Status 12. Was Decedent Ever in U.S. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian. Black, White, etc. Armed Forces? filed within 72 hours after 1 ☐ Yes 2 ☐No 1 ☐ Never Married 2 ☑ Married Baltimore, Maryland 21215-0020 If Yes, Give Year or Dates: 1 Yes 2 XNo Specify: Specify: à 3 ☐ Widowed 4 ☐ Divorced "naturai', White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health and Mental Hygiena. nnt: If item 27 is marked other than ' ury or other traumatic event, I'm Me Elementary/Secondary (0-12) College (1-4or 5+) 12 01 Home Maker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) William C. Wolfe Anna R. Larkin 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. Richard W. Harper/Husband 11 Limb Court White Hall, Maryland 21161 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Pag Department Important: If any injury o 4 ☐ Donation 5 ☐ Other (Specify) Sacred Heart of Jesus 4/5/1997 Baltimore, Maryland 21. Signature of Juneral Service Licensee 22. Name and Address of Facility Duda Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222 23a. Part1. Enter the die shock, or heart faile emplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, one cause on each line. Approximate Interval Between Onset end Death Physician /Medicai Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequenca of) Examiner sician and burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) physician a Box 68760, certificate be Physician/Medical Due to (or es a consequenca of) 88 usa signed by the a P.O. Part tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of gleath? 1 | Yas 2 | No 3 | Probably 4 Unknown Records. b should 24b. Were eutopsy findings evailable prior to completion of cause of death? 24a. Was en eutopsy performed? Completed has 1 ☐ Yes 2 ☐ No 2 No certificata 1 ☐ Yes Division of Vital funeral director, 25. Was case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: To 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Dete of Injury (Month, Day Year) 27. Menner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred of or Attending Parties after death. After Naturel 5 Pending investigation 2 Accident 1 Yes 2 No 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 24 hours a Funeral C Certifying Physician: To the best of my knowledge, death occurred et the time, date and placa, and due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner steted. 29a. Certifier Medical (Check or one 29b. Sign 29c. License number 29d. Date signed (Month, Day, Year 10 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) 6701 North Charles Street Dr. Ruth Kantor Greater Baltimore Med. Ctr. Baltimore, Maryland 31. Dete filed (Month, Dey, Year) APR 0 8 1997 32. Registrar's Signature and 18 State

Registrar

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State of Maryland / Department of Health and Mental Hygiene 97 | 0480

				Ce	rtificate	e of	Death			Reg. No.		
D1	1. Decedent's Neme (First, Middle	, Last)							2. Dete of De	ath	V	3. Tima of Death
Physician /Medical	ALONZO	HA	ALL,	Jr.					April	O3	L997	10:54AM
Examiner	4e. Fecility Name (If not institution	give street end nu	m <i>ber)</i>				4b. City, To	wn, or L	ocation of Deeth	4c. Count	y of Death	
	VA Maryland Hea	1th Care	System	1			Perry	Poi	int	Cec:	il	
Funeral		6. Sex		s. lest birthday		1 Year	If Under	24 Hrs.		th	9. Birth	place (State or Foreign
Director	218-18-9412 Usual Residence of Decedent	1 X M 2□ F	83	Yrs.	Months	Deys	Hours	Min.	8. Date of Bir (Month, Da April 13	, 1913	Mar	yland
M to	10a. Stete 10b. County		10c. C	city, Town or L	ocation							10d. Inside City Limits
to to	Maryland N/A	1	I	Baltimo	re							1 X Yes 2 □ No
be notified	10e. Street end Number				10f. Zip	Code				10g. Citizen of	What Cou	ntry?
E P		orne Road				2	1239			II	S.A.	
r Items 23a siner must Funeral	11. Marital Status	12. Was Dece	edent Ever in	U,S. 13.	Was Decede	ent of H	lispanic Orig	gin? (Sp	ecify Yes or No	- 14. Ra	ca - Ameri	can Indien,
by Br	3 ☐ Widowed 4 ☐ Divorced	Armed Fo 1 Yes If Yes, Giv Yeer or D	2 □ No WW	II	If Yes, speci		en, Mexican Specify:	, Puerto	Rican, etc.)	Speci	ock, White, bla	etc. ack
"natural", edical Exp	15. Decadent'	s Education		16a. Dece	dent's Usual	Occup	ation	t of work	ina	16b. Kind of E	Business/In	dustry
t, the Medical	(Specify only highes: Elamantary/Secondary (0-12)	Collaga (1	-4or 5+)	lifa.	DO NOT use	a <i>ratir</i> a	d)	O WON	y			
THE PO	12 years			Ste	eel Wo	rke	r			Stee1	Indu	ıstry
智量の		ast)					18. Mothe	r's Nam	e (First, Middle,	Maiden Sume	me)	
		ster Hal	1				Racl	ne1		Ennis		
amma amma	19a. Informent's Name/Relationsh	ip (Type, Print)		19b. Mail	ing Address	(Streat	and Numbe	or Rui	rel Route Numbe	er, City or Town	, Stete, Zip	Code)
tem 27 is ments other traumatic To	Mrs. Fukiko Hall	l (wife)		1317	7 Silv	ert	horne	Rd.	Baltim	ore, Ma	rylai	nd 21239
offe	20a. Method of Disposition			Plece of Disponentery, cre	osition (Nem	e of	201		Dete	20c. Location	- City or To	own, State
6 =	1 Donation 5 ☐ Other (Sp			Laney Val	,			lane	4-8-97	Timon	iım	Maryland
in in	21. Signeture of Funeral Servica L		Ju	-	2. Name end				4-0-91	TIMOIT	ruii,	rialytand
Important: If any injury or gods.	George	Leur	an	M	itchel 500 Yo	ll-Work	Viedef Road	eld Ba	ltimore		and 2	1212
	23a. Part 1. Enter the disease, or of shock, or heart lailors. List of	complicetions that conly one cause on e	eused the dea	ath. Do not en	ter the mode	of dylr	ng, such es	cardiac	or respiretory e	rrest,		Approximate Interval Between
ician	/											Onsat and Death
dical	Immediate Cause (Final disease or condition	Lung	cancer									one year
niner	resulting In death)	a		(or es e conse	quence of):						1	
i i												
an and inial-trensit Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Causa (Disaase or Injury	b	Due to	(or es a <i>co</i> nse	quence of):							
attending physician and for use as the burial-trensit clar/Medical Examir	Causa (Disaase or Injury that initiated evants resulting in deeth) Last	c	Due to (or as e consec	quence of):							
a by the attendin eteched for use Physician/M		d										
deteched of Physic	Pert II. Other eignificant condition	s contributing to de	eath but not re	sulting in the u	inderlying ca	use giv	en in Part I.		23b. Did	tobacco uee c	ontribute t	o the cause of death?
									1 🗆	Yes 2 No	3 ☐ Pro	bably 4 \Unknown
5 2	×									an autopsy	24b. W	ara autopsy findings vaileble prior to
has ge 2											of	ompletion of cause daath?
rector, par Be Co	25. Was case referred to medical						00.00	-15		Yes 2□No		☐ Yes 20X No
director director	exeminer?	Hospital:		Ten:		Oth	or:		h (Check only o			
5 78	27. Mannar of Death 1 ☑Natural 5 ☐ Pending	28a. Date of	-	28b. Time of Injury		Bc. Injur Wor	4 LI NU		ome 5 Resident			<i>y</i>)
ctor: yy the	2 Accident investigated a Suicide 6 Could not determine	ot be 28a. Place	of Injury - At I	nome, farm, st			.00 2		28f. Location (S City or Tox		ber or Run	el Route Number,
	29a. Certifier 1 Certifying	Physicien: To tha	best of my kn	owledge, deet	h occurred e	t the tin	na, data and	d placa,	and dua to tha	ceuse(s) end n	anner as s	stated.
completely fi	one) 2 Medical E	xaminer: On the ba and mann	isis of examin ner stated.	etion end/or in	vestigation,	ın my o	pinion, deat	m occur	red at the time,	oate end place	and due t	o me cause(s)
Toth	29b. Signature end title of certifier	0			29c.	Licens	e number			29d. Date sign	ed (Month,	Dey, Year)
7	(6.1	Jun XDI	0 1	111		200	.00				2 3 6	0.7
101	30. Name and addrass of person w	to completed caus	e of the fire	m 23a) (Time		166	008			April	3,_19	9/
1	55. Italiie and addrass of person w	no completed caus	e orientati (ita									
	XAM KEN LEUNG, M	1.D. VA	Medica.	Cente	r, Per	cry	Point	, Ma	aryland	21902		
State Registrar	31. Dete filed (Month, Day Year) APR 08 1997	U	MCOOL AND		4							

Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death April Dey **Physician** John R. 1, Hargrove / 1997 8:00 A.M /Medical 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Liberty Medical Center Baltimore If Under 1 Yeer 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** Deys 1 1 M 2 □ F Yrs. Director 578-38-9933 10-25-1923 N.J Usuel Residence of Decedent tha Maryland 10a. Stete 10b County 10c. City, Town or Location 10d. Inside City Limits ms 23a or 28a-f show Director 1 Yes 2 □ No Baltimore Md N/A10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3524 Ellamont Road items 23a 21215 USA deeth Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Maritei Status permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mantal Hygiena. Important: If them 27 is merked other than "natural", or hanny injury or other traument. 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2√ No Specify: ğ Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry U·S. Elementery/Secondery (0-12) College (1-4or 5+) Circuit Judge 12th grade Court 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Raymond J. Hargrove Georgine Marley 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Shirley Hargrove Wife 3524 Ellamont Road Baltimore, Md 21215 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete ₩ Buriel 2 Cremetion 3 Removel from Stete New Cathedral Cem 4/5/97 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore Signature of Funerel Service Licens 22. Name end Address of Fecility F/H West March arc 4300 Wabash Ave Baltimore, MD 21215 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Physician ACUTE MYOCARDIAL INFARCTION /Médical Immediete Cause (Finel disease or condition resulting in deeth) Examiner Examiner physician and s the burial-transit The law requires that the death certificets be axecuted Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In death) Lest Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dtd tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown VASCULAR þ 24b. Were autopsy findings aveileble prior to completion of cause of deeth? Be Completed 24a. Wes en eutopsy -INSULIN DEPENDENT DIABETES MELLITUS HYPERLIPIDEMIA 1 ☐ Yes 1 ☐ Yes 2 ☐ No cartificata of Vital 25. Wes cese referred to medicel examiner? Iding Physician: 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ★ER/Outpetlent 3 ☐ DOA SILIS 28a. Dete of tnjury (Month, Dey Year) 28c. Injury et Work? 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred LO 1 Neturet 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, immy opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s)

and menner stated.

2 Determine the time of the ceuse(s) end menner stated.

2 Determine the time of the ceuse(s) end menner as stated.

2 Determine the time of the ceuse(s) end menner as stated.

2 Determine the time of the ceuse(s) end menner as stated.

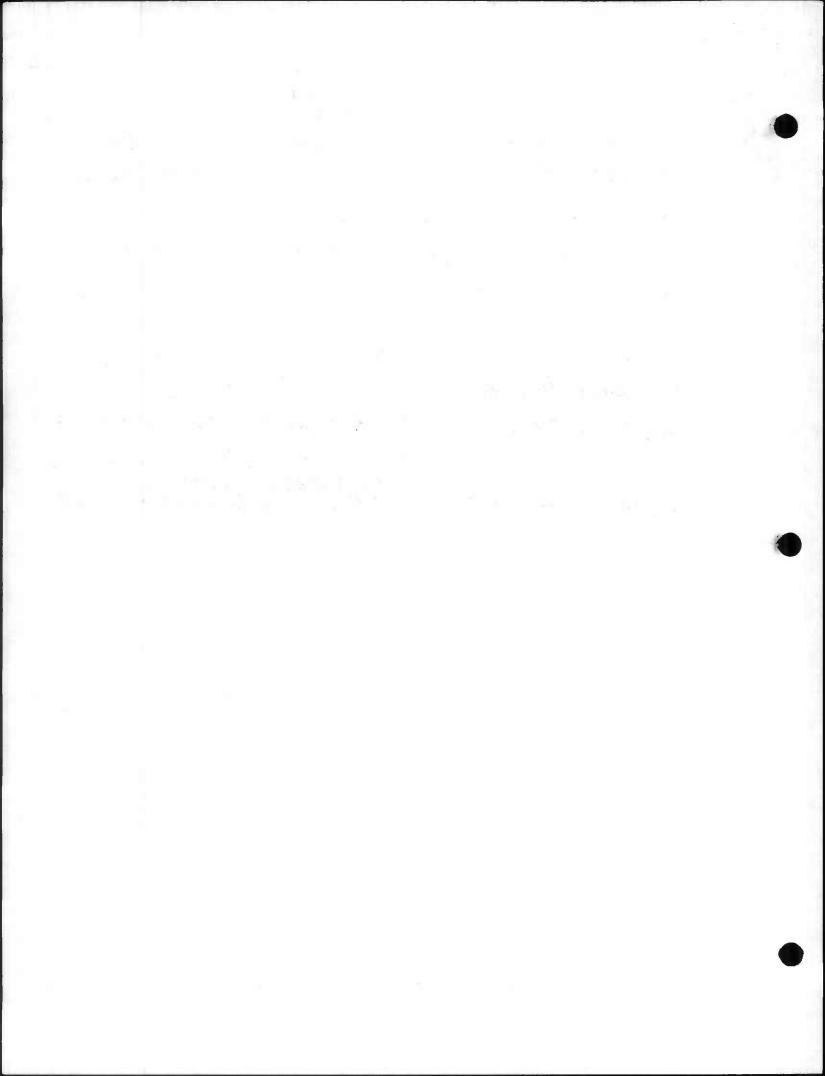
2 Determine the ceuse(s) end menner as stated. 29a. Certifier Medical (Check only 29b. Signeture and title of ceptifig 29c. License number 29d. Date signed (Mgitts, Day, Year) 30. Name and address of person who completed cause of death (item 26a) (Type, Print)
DOALD DIN. STEWART. M.D. 2300 GARRISON BLVD. 31. Dete filed (Month, Dey, Year) 32. Registrer's Sign

DHMH 16 Rev 6/95

Registrar

	State of Maryland / Department of Health and Mental Hygiene	07	- 1
tems:	23 part I,27,28a-f per MEO G-746 4/22/67erifficate of Death	21	

SMK		It	State of ems: 23 part I,27,28a-f per MEO	Maryland / Depar	tment of He	alth and Menta		97 1	0482
			Decedent's Neme (First, Middle, Last)	00/1/	nouto or D	2. De	Reg. No. e of Deeth		Time of Death
	Physici /Medi		ANTHONY		ARGROVE	AP	nth Day	Yeer 1997 0	500AM
	Examir	ier	4e. Fecility Neme (If not institution, give street end number 1380 NORTH CALHOUN S	oer) TREET		City, Town, or Location ALTIMORE		N/A	
D	Funeral Director			Age (In yrs. last birthday)	If Under 1 Year i		e of Birth with Dev. Year	9. Birthplace (State or Foreign
death with the Maryland	f show	jo.	10a. Stete 10b. County	10c. City, Town or Local	tion				side City Limits
th the A	a note	Funeral Director	10e. Street end Number	1/14/11/1	10f. Zip Code		10g. Citizen o	f Whet Country?	2100 2010
ath w	23a	raic	4305 ADOLLE TO	RRACE	2122	9	U,	SA	
19	Corporation of need to be not worked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Maurial Examinat must be notified at once.	by	11. Meritel Stetus 1.	es?	es, specify Cuban,	enic Orlgin? (Specify Ye Mexican, Puerto Rican, Specify:		eca - American Inc leck, White, etc.	lien,
15-0 72 ho	natur	eted	15. Decedent's Education (Specify only highest grede completed)	16a. Deceden (Give kin	t's Usuel Occupetion of work done dur	on ing most of working	16b. Kind of	Business/Industry	
d 21215-0020 filed within 72 hours ef	or than	Completed	Elementery/Secondary (0-12) College (1-4	or 5+)	NOT use retired)		SCHO	01 Sys,	Ton
Maryland of 2 should be file	rkad oth	To Be	17. Fether's Name (First, Middle, Last) BEN JAMIN HARGRO	シ ラ_	18	3. Mother's Neme (First,	Middle, Maiden Sum	∍me)	
Mar nd 2 sho	7 is me traume		19a. Informent's Neme/Reletionship (Type, Print)		Address (Street and	Number or Rural Route	Number, City or Tow	n, State, Zip Code	200
	itam 2 other		20e. Method of Disposition	20b. Place of Dispositi	on (Neme of	7-12 / 121 CR Dete	20c. Location	2- City or Town, Si	tete
im Peg	important: If any injury or ance.		1 12 Burial 2 □ Cremation 3 □ Removel from St. 4 □ Donetion 5 □ Other (Specify)	ete ANGA	1500, P	ix, 4/8/9	7 Rough	15Town	MD.
Balt Permit.	import any in		21. Signature of Funeral Service Licensee	22. 0	ARY TO	TARZH FUNA	RA I Home	2 PA 010	29
			23e. Paint. Enter the disease, or complications that cau shock, or heart failure. List only one ceuse on each	sed the deeth. Do not enter th line.	he mode of dying,	such es cardiac or respir	etory errest,	Interv	oximete val Between
/M	slcian ledical		Immediate Cause (Final disease or condition NARCOTIC	INTOXICATION				Onse	et end Death
Exa	aminer	-a	resulting in death) e	Due to (or es e conseque	nce of):				
a cuted	physiclan end the buriel-trensit	Examiner	Sequentially list conditions,	Due to (or es e conseque	nce of):				
8760, sate be executed	hysiclan the burie	dical E	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Due to (or es e consequer	nce of):				
Box 68 ath certifice	ettending ph for use es th	Physician/Med	resulting in death) Lest						
Geath	ed for a	siclai	Pert II. Other eignificent conditions contributing to deat	h but not resulting In the unde	rlying cause given	in Pert I. 23	b. Did tobacco use o	ontribute to the c	ause of death?
, P.O.	igned by the e						1 ☐ Yes 2 ☐ No	3 Probably	4 Unknown
Division of Vital Records, P.O. Box 6i or Attanding Physician: The law requires that the death certific after death.	s peen s	Completed by				24	e. Wes en autopsy performed?	24b. Were aut eveilable completic of deeth?	prior to on of cause
E E	his certificate has il director, page 2	Com					reves 2□No	1 Yes	2□ No
of Vita Physician:	certific	o Be	25. Wes case referred to medical exeminer? 196 Yes 2 No. Hospital:		Out-	6. Plece of Death (Chec.			
n of	= 6	on: To	27. Menner of Deeth 1 Neturel 5 Pending (Month,		28c. Injury et Work?		Residence 6 Roscribe how injury occ		T SCENE
DIVISION or Attending	Olrector: After I in by the fune	Certification:	2 Accident 3 Suicide 4 Homiside investigation FOUND 4/ 28e. Place of	4/9/ 5:00		28f. Loc		nber or Rural Rout	re Number.
Hospital or 24 hours afte	led in		Fri	Injury - At home, ferm, street, etc. (Specify) ends House		City	atlon (Street and Num or Town, Stete) 138 Baltimo		un St.
• Hosp	To the Funeral Directo completely filled in by the	edical	29a. Certifier (Check only one) 1☐ Certifying Phyelclen: To the besidence on the basis one one menner. On the basis one one menner.	s of examination end/or invest	curred at the time, igetion, in my oplni	dete end plece, end due on, deeth occurred at the	to the ceuse(s) end retime, date end place	nanner as steted. , end due to the co	euse(s)
To the	Toth	×	29b. Signature and title of certifier	.0.	29c. License nu	umber	29d. Dete sign	ned (Month, Dey, Y	'ear)
		-	20 Name and addressed to see the year	w iw.		C.M.E.	APRIL	04, 199	97
			30. Name and address/of person who completed cause of MANUSMAP A KORFU			eet, Balt	imore. Ma	arvland	21201
	Sta Registra		4.0	strar's Signeture				Zunu	
		"	APR 0 8 1997						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0483 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Daath 3. Tima of Daath **Physician** William Hill April 3 1997 10:45 a.m. /Medical 4a. Fecility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore 1812 Mayfield Avenue Baltimore If Undar 24 Hrs. 5. Social Sacurity Number If Under 1 Yaar Birthplaca (State or Foreign Country) 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** Days Months Hours 1 € M 2 F 71 **Director** 215-22-8249 Feb.13, 1926 Maryland Usual Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits itam 27 is markad other than "natural", or items 23a or 28a-f show other traumatic event, the Modical Examiner must be notified at Directo Maryland Baltimore Baltimore 1 Yas 2000 10e. Street and Number 10f Zin Code 10g. Citizan of What Country? with United States 1812 Mayfield Avenue 21227 Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Black, White, atc. hours efter 1 ☐ Yas 2 🖾 No If Yes, Giva Yaar or Datas: 0 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: White Specify. þ 3 Widowed 4 Divorced Completed 16a. Dacedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry filed within pernit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Itam 271s marked other than any Injury or other traumatic. Elamantary/Secondary (0-12) College (1-4or 5+) N/A Lithographer Printing 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Be Howard Hill Mary Rapp 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1812 Mayfield Ave., Baltimore, MD 21227 Lucille Hill / Wife 20b. Place of Disposition (Name of 20a. Mathod of Disposition 20c. Location - City or Town, Stata cemetery, crematory or other place 1X Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4/7/97 Baltimore, MD 4 ☐ Donation 5 ☐ Othar (Specify) Loudon Park Mausoleum 22. Nama and Addrass of Facility Loudon Park Funeral Home 3620 Wilkens Ave., Baltimore, Maryland 21229 complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, only one cause on each line. Enter the day Approximata Intarval Batwaan Onsat and Death **Physician** LUNG CANCER /Medical Immadiata Causa (Final 6 morths diseese or condition rasulting in death) Examiner Dua to (or as a consequance of) Examiner The lew requires that the death certificete be executed attending physician and for use as the buriel-trensit Sequantially list conditions, if any, leading to immadiate cause. Entar Underlying Causa (Disaasa or Injury Dua to (or as a consequence of) P.O. Box 68760. Physician/Medical that initiated avants resulting in daath) Last Dua to (or as a consequence of) ed by the a Part II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown signed b Records, by 24b. Wara autopsy findings available prior to 2 should Completed 24a. Was an autopsy peen completion of causa of daath? has eged After this certificate Division of Vital I or Attending Physician: efter death. 25. Was case refarred to medical axaminar? Be 26. Placa of Daath (Check only one) Othar: 4 ☐ Nursing Homa 5 ☐ Rasidence 6 ☐ Othar (Specify) 2 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Daath 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? Medical Certification: Natural 5 Panding investigation 1 ☐ Yas 2 ☐ No 2 Accidant Director: in by the 3 Suicida 6 Could not ba detarmined 28a. Place of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours eff To the Funeral DI completely filled in Certifying Physicien: To the best of my knowledge, deeth occurred at the tima, date and place, and due to the causa(s) and mannar as stated.

| Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the tima, date and place, and due to the causa(s) and mannar stated. 29a, Cartiflai (Check only 29b. Signature and title of pertifier 29c. Licansa number 29d. Data signed (Month, Day, Year)

900

State Registrar 31. Data filed (Month, Day, Year)

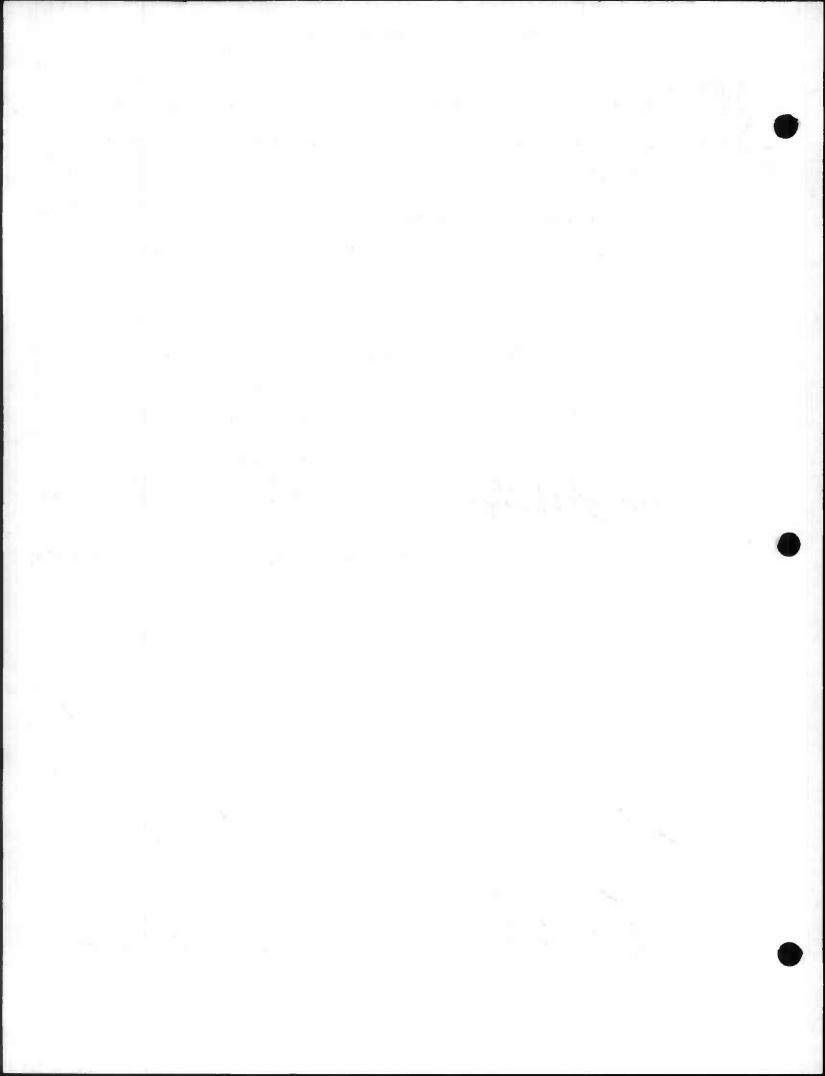
APR 0 8 1997

30. Nema and address of person who completed causa of daath (Itam 23a) (Type, Print)

GARMIE

2. Ragistrar's Signature

run Davidson-Randall



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Florida

14. RACE — American Indian, Black, White, etc.

White

21286

Approximate intarval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TYES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

MONTH

10g. CITIZEN OF WHAT COUNTRY? United States

, Baltimore, MD

10d. INSIDE CITY LIMITS? 1 YES 2 XNO

9:15 P "

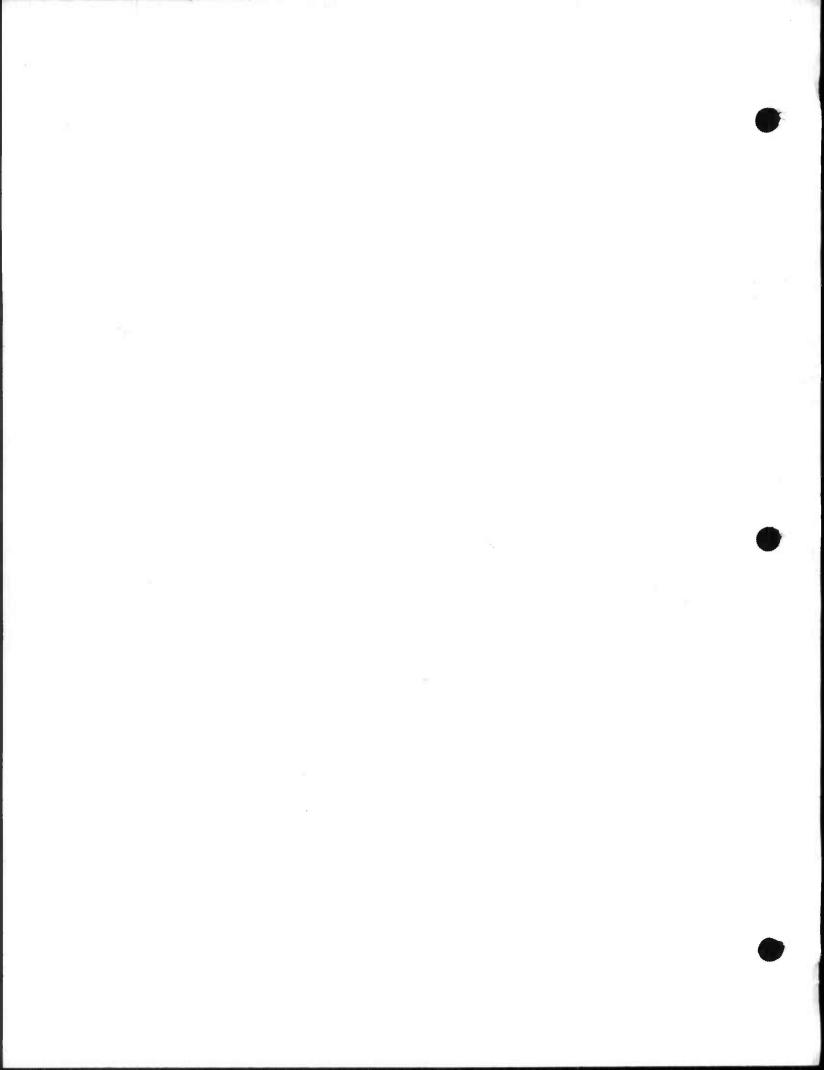
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

		SWARD 5. SEX 8. AGE	(In yrs. lest birthday)	UNDER 1 YE	AR IF UNDER 24 MRS.	2. DATE OF MONTH 7. DATE OF	- 06 - 19	YEAR 9.7 9.5
			OO YRS.			March	7,1909	Florida
СТОВ	The Wesley Home				Baltimo	re		n/a
	Maryland B	Baltimore	10c. CITY, TO	OWN OR LO	F	arkton		10d. INSIDE LIMITS 1 TYES
NERA	4 Prettyboy Garth				2112		Un	ited Stat
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes	, specify Cuben, Mexic	an, Puarto Rica	in, etc.)	14. RACE — American Black, White, etc. Specify: Wh:
APLETED	(Specify only highest grade co.		(Give kind of work iffe. Do NOT use rel	done during tired.)		1000		JSTRY
	17. FATHER'S NAME (First, Middle, Last) Elijio	Meno	divia					alera
2	Douglas Howard / s	on						
	1 Suriel 2 X Cremetion 3 Remove 4 Donation 5 Other (Specify)	el from State GI	metery, cremetory or other a	Crem	atory 4/		ľ	Ore, MD
	· Stelled &	Thumar	m	CAF 871	A Stephen 7 Green P	D. Lo	s Dr., Ba	ltimore,
	iMMEDIATE CAUSE (Final	METAS7477 C	CARCIN					est, Approintant Onse
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events							
(5)	resulting in death) LAST							
MEDICAL (PART II. Other significant conditions of DIABUTES MELL	ITUS-INSG	ILIN DET	ENDO	707		a. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOP AWAILABLE P COMPLETION OF DEATH? 1 YES 2
MEDICAL	PART II. Other significant conditions of DIABUTES MULL. DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL	BUTE TO CAUSE C	OF DEATH YES 28. PLACE OF DEATH (C	NO	UNCERTA	_ 1	PERFORMEO?	AVAILABLE P COMPLETION OF DEATH?
MEDICAL	PART II. Other significant conditions of DIABUTES MELL. DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH	BUTE TO CAUSE C	DF DEATH YES 28. PLACE OF DEATH (C) Petilent 3 □ DOA (S) 28b. TIME OF	NO Sheck only of Nursing P	UNCERTAL Home 5 Residence	6 Other (S)	PERFORMEO?	AWALABLE P COMPLETION OF DEATHY 1 YES 2
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of DIABUTES MULL DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 2 Abcident 1 Pending Investigation 3 Suicide 6 Could not be	BUTE TO CAUSE C	DF DEATH YES 28. PLACE OF OEATH (C patient 3 DOA 15 28b. Time OF 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	NO Sheck only of VIER: Nursing H	UNCERTAL tome 5 Residence INJURY AT WORK?	6 Other (S) 26d. DESCRI	PERFORMEO? YES 2 NO Decity) BE HOW INJURY OCC	AWALABLE P COMPLETION OF DEATH? 1 YES 2
ETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of DIABUTES MULL DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1	BUTE TO CAUSE C	DF DEATH YES 28. PLACE OF OEATH (Competient 3 DOA 25 INJURY Y — At home, ferm, street of the colly)	NO Sheck only of yER: Nursing H 28c. M 1 t, tectory, o	UNCERTAL Home 5 Residence INJURY AT WORK? YES 2 No	6 Other (S) 26d. DESCRI	PERFORMEO? YES 2 NO Decity) BE HOW INJURY OCC OWN, Steet)	AWAILABLE P COMPLETION OF DEATHY 1 YES 2 UREO OF Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of DIABUTES MULL DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1	BUTE TO CAUSE C	DF DEATH YES 28. PLACE OF OEATH (Competient 3 DOA 25 INJURY Y — At home, ferm, street of the colly)	NO Sheck only of yER: Nursing H 28c. M 1 t, tectory, o	UNCERTAL Home 5 Residence INJURY AT WORK? YES 2 No	6 Other (S) 26d. OESCRI 26t. LOCATIC City or R to the cause(to time, date end	PERFORMEO? YES 2 NO Decity) BE HOW INJURY OCC Own, Stete) Pond menner es state It place, and due to the	AWAILABLE P COMPLETION OF DEATHY 1 YES 2 UREO OF Rural Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of DIABUTES MED. DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Hatural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 2 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	BUTE TO CAUSE C	DF DEATH YES 28. PLACE OF OEATH (Compations of Insurance	NO theck only of year. Nursing to Nursing to the time, of my opinion	UNCERTAL Home 5 Residence INJURY AT WORK? YES 2 No office date end piece, end du n, death occured at the	6 Other (S) 26d. OESCRI 26t. LOCATIC City or R to the cause(to time, date end	PERFORMEO? YES 2 NO Decity) BE HOW INJURY OCC Own, Stete) Pond menner es state It place, and due to the	AWAILABLE P COMPLETION OF DEATH? 1 YES 2 UREO or Rural Route Number, d. ceuse(s) and menner SIGNEO (Month, Day,
	TO BE COMPLETED	The Wesley Home RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland 10e. STREET AND NUMBER 4 Prettyboy Garth 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCAL (Specify only highest grade co Elementary/Secondery (0-12) 12 17. FATHER'S NAME (First, Middle, Lest) Elijio 19e. INFORMANT'S NAME (Type/Print) Douglas Howard / S 20e. METHOD OF DISPOSITION 1 Burlel 2 M Cremetion 3 Remova 4 Donation 5 Other (Specify) 23. PART I. Enter the diseases, or corehock, or heert failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death) 2. A. Core	4. SOCIAL SECURITY NUMBER 119 05 3085 9e. FACILITY NAME (If not institution, give street and number) The Wesley Home RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last) Elijio 19e. INFORMANT'S NAME (Type/Print) Douglas Howard / Son 20e. METHOD OF DISPOSITION 1 SUNTAIL 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 23. PART I. Enter the diseases, or complications that cause ehock, or heart failure. Liet only one cause on immediate Cause (Final disease or condition resulting in death) DUE TO (OR AS)	4. SOCIAL SECURITY NUMBER 119 05 3085 1XXM 2 F 88 YRS. 9e. FACILITY NAME (If not institution, give street and number) The Wesley Home The Wesley Home The Wesley Home The Jestopence of decedent 10e. STATE 10b. COUNTY Maryland 10c. CITY, TO 10c. CITY,	4. SOCIAL SECURITY NUMBER 119 05 3085 SEX S	4. SOCIAL SECURITY NUMBER 119 05 3085 SEX SEX SECURITY NUMBER SECURITY NUMBER SECURITY NUMBER SECURITY NUMBER SECURITY NUMBER SECURITY NUMBER SECURITY NUMBER SECURITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) The Wesley Home Baltimore Baltimo	4. SOCIAL SECURITY NUMBER 19. SEX 10. AGE (in yrs. lest birthday) 19. MAILING ADDRESS (Street and Number) 119 05 3085 1XXM 2 F 88 88 10 introduction 10 are shock, or heart failure. Liet only one ceuse on each lins.	A SOCIAL SECURITY NUMBER S. SEX B. AGE (In yrz. list birthody) FUNCER 14 PMS T. DAYE OF BIRTH 119 05 3085 T. XXW 2 F 888 YRS. SOCIAL SECURITY NUMBER T. DAYE OF BIRTH Microfit, Day MRIL MATCH 77, 1909

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

OHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

TO THE HOSFITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hors TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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							9	7 10485
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REGISTRAR								
	1. DECEDENT'S NAME (First, Middle, Last)		OLKIII	ICATE O	PUEAIN	REG. NO	-	3. TIME OF DEATH
	THOMAS '	r. HURNEY				April 1,	1997	
	578-09-5185	5. SEX 6. AGE	(In yrs. last birthday) 87 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNPLACE (State or Foreign Country)
	9s. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWI	N OR LOCATION OF D	Aug. 13, 1909 Ohio		
10R	Hebrew Home of G	reater Washi	ngton	Rock	ville		Mon	tgomery
DIRECTOR	10s. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOC	CATION			10d. INSIDE CITY
		tgomery	V	Meaton				LIMITS? 1 XXES 2 NO
FUNERAL					10f. ZIP CODE		0.00	ZEN OF WHAT COUNTRY?
SN	3317 Pendleton D	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS D	20902 ECENDENT OF NISPA	NIC ORIGIN? (Specify Yes		S. A.
BY FI	1 Never Married 2 Married FORCES? 1 YES XXNO IF YES, GIVE WAR OR DATES				an, Puarto Rican, stc.) fy:	01110-	14. RACE — American Indian, Black, Whits, stc. Specify: White	
윤	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY							
1 =	Elementary/Secondary (0-12) College (1-4 or 5+)							-
COMPLETED	12 Years 17. FATHER'S NAME (First, Middle, Last)		Merc	hant-Ov		Water T		ngEquipment Co.
BE C	Myron Hurney				(Unknown) Selter			
5							^{Code)} yland 20904	
	20s. METHOD OF DISPOSITION 1XXBurisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE of DISPOSITION (Name of 4/20/TE cemelery, cremetory or other place) George Washington Cemetery Adelphi. Maryland							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							
	STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, N.W., WASHINGTON, D.C.							
	23. PART I. Enter the diseases, or complications that ceused the desth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart fellure. Liet only one ceuse on each line. Approximate Interval Between							
	IMMEDIATE CAUSE (Final disease or condition resulting in death) • BLONCHIECTASIS Due TO (OR AS A CONSEQUENCE OF):						Onset and Death	
	DUE TO (OR AS A CONSEQUENCE OF):							
O.	Sequentially list conditions, Due to (or as a consciouence of): Sequentially list conditions, Due to (or as a consciouence of): Due to (or as a consciouence of):							
S	CAUSE (Disease or Injury C							
RTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST							
8	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS							
PHYSICIAN: MEDICAL	SPINAL STENIOSIS PERFORMED? AMALABLE PRINCE TO COMPUTE STENIOS CONTROL STORY OF THE PERFORMENT TO COMPUTE STORY OF THE PERFORMENT TO							
MED	1 YES 2 NO CONTRETION CLUSE OF DEATH?							
i.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN							
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 YES 2 CNO 1 Inpution 2 ER/Output 3 DOA 4 Morning Home 5 Residence 8 Other (Specify)							
HX.	27. MANNER OF DEATN	28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED						URED
BY	1, Natural 5 Pending 2 Accident Investigation	Natural 5 Pending M Accident Investigation			YES 2 NO			
	3 Suicids 8 Could not be 4 Nomicide 8 Could not be determined 28s. PLACE OF INJURY — At home, Isrm, streel, Isctory, offics building, sic. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
SON	one) 2 MEDICAL EXAMINER: On this basis of sxemination and/or investigation, in my opinion, death occursed at the time, data and place, and due to the cause(s) and manner as stated.							
BE	296. SIGNATURE AND TITLE OF CERTURE	Pason 1	29c. LICENSE NUM			MBER 29d. DATE SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WIN	4		Doint	IN US	0000	7/	117/

30: NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STEVEN LIPSON (JIZI MONTROSE

31. DATE FILED (Month, Day, Year)

APR 0 8 1997

STEVEN L
31. DATE FILED (Month, Day, Year)
APR 0 8 1997

ROCKVILLE, MD

State of Maryland / Department of Health and Mental Hygiene

0486 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Dey **Physician** APRIL WALTER JOSEPH HIGGINS 1997 11:45 AM /Medicai 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** St. Agnes Hospital Baltimore N/A 5. Social Security Number 6. Sex 1 △ M 2 □ F If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) **Funeral** Months Deys Hours 75 Yrs. 214-14-1283 07/16/1921 Director MD Usuel Residence of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be nothed at Director MD 1 TYes 2√ No Baltimore Catonsville 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 1-F Stayman Court 21228 U.S.A. Funeral 14. Race - American Indian, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces?

1∑ Yes 2 □ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritet Status 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 No Specify: 20 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry filed within 7 Hygiene. permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 is merked other than any Injury or other traumest. Elementary/Secondery (0-12) College (1-4or 5+) Supervisor Federal Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Thomas Dewitt Higgins Margaret McConville 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Jane E. Higgins/ Wife 1-F Stayman Court Catonsville. MD. 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Buriel 2 Cremation 3 Removel from State Garrison Forest Vet. Cem. 4/7/97 Owings Mills, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture Funeral Service Licenses Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave. Baltimore, MD. 21228 Jack 23a. Pert1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximete Onset end Death **Physician** /Medical Immediate Cause (Final Palmonary Edema I hour; disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initieted events resulting in deeth) Lest and Due to (or es e consequence of) Box 68760, physician 2 Physician/Medical 94 Due to (or es e consequence of): 2 attending 3 P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 農 signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Division of Vital Records, à 2 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed 505 page 2 certificate 1 Yes 2 No 1 Yes 2 No Attending Physician: 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 28 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 5 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28a. Dete of Injury (Month, Day Year) 28c. tnjury et Work? Medical Certification: Atter 1 Naturet 5 Pending death. 1 ☐ Yes 2 ☐ No investigation 2 Accident Director: 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) or A 4 - Homicide Hospital Nours Funaral 1屆Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner es steted.

2☐ Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner steted. 29a, Certifier (Check only one) 2 29c. License number 29b. Signeture end title of certific 29d. Date stgned (Month, Dey, Year) MO 30. Neme and add who completed cause of deeth (Item 23a) (Type, Print) ST. Aguas Hospital Theodore 10221304 32. Registrar's Signer redaile 31. Date filed (Month, Day, Year) State Registrar APR 08 1997

DHMH 16 Rev 6/95

A DECEMBER 1997

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 10487

					,	Cei	tificate of	Death	F	leg. No.		10101
	Physic	ian	1. Decedant's Nama (First, Middla,	Last)					2. Data of Dea Month		Year	3. Tima of Death
	Physic /Medi		Flord	Hecl	2				lingA	17 1	361	5:25 81
0	Exami		4a. Facility Name (If not institution,	giva street and number)				4b. City, Town, or I	ocation of Death	4c. County	of Death	
V.		_	Lorien Healt	h Systems	s Ce	nter		Rivers		Har	ofo	107
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	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Modesi Examiner must be notified at ances.	by	1 ☐ Navar Marriad 2 ☐ Married		ło		Yas 2⊠No		o riioan, atc.,	Specify	ck, White, Wh:	
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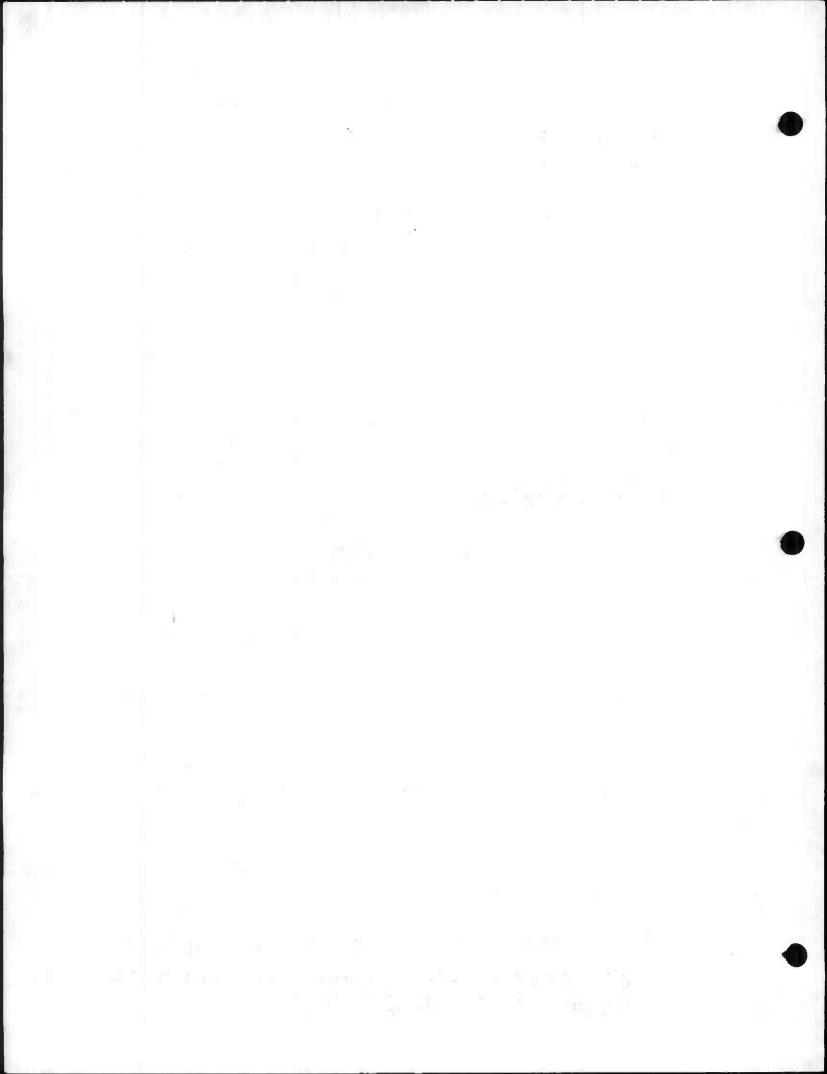
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State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene 97 | 0489

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007 -		1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from	m State Ce	matary, oremat	ory or other plan	00)			
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		P.IC		214	0 N. FU	ILTON AVI	ENUE, BA	LTIMORE,	MD. 21217
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2		30. Name and address of person who completed cau	use of death (Item :	23e) (Type, Prin	it)	0100		1	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** .45 /Medical City, Town, or Location of Death Facility Name (If not institution, give street end number) 4c. County of Death Examiner Social Security Number Birthpleca (Stata or Foreign Country) **Funeral** 14-26 Days Min. 1 M 2□ F Director permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "national enty for other tweether than "national". 10e. State 10b. County 10c. City. Town or Location 10d. fnslda City Limits 1 ☐ Yes €□No **Funeral Director** 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2/66/

13. Wes Decedent of Hispanic Origin? (Specify Yes or Nolf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Evar in U,S. Armed Forces? 11. Merital Stetus . Raca - American Indien Bleck, White, etc. Yes 2 XNo 1 Never Married 2 Married 1□ Yes 2000 Specify Completed by 3 Widowed 4 Divorcad 16a. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DQ NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Segondery (0-12) -4or 5+) 9 17. Fether's Nema (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Be 2 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) her 615 E, 339

20b. Place of Disposition (Name of cemetery, cremetory or other place) C-20a. Method of Disposition 20c. Location - City or Town, Stata Burial 2 Cremetion 3 Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) LION 22. Name end Address of Fecility 21. Signeture of Funerel Service Licansee Do not enter the mode of dying, such as cardiac or respiretory 23a. Pert1. Enter the disease, or complications that caused the death, shock, or heert fellure. List only one cause on each line. Approximete Intervei Between Onset and Death **Physician** Immediete Causa (Finel disaase or condition resulting in deeth) /Medical CARDIAC ARRHYTIMIA minutes **Examiner** ARDIOMYUPATHY or Attending Physicien: The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Undarlying Ceuse (Diseese or Injury that initiated evants resulting in deeth) Lest IMMUNE DEFICIENCY QUIRED Physician/Medical Dua to (or as a consequence of) Part II. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco usa contributa to the cause of death? 1 Yes No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveilable prior to completion of causa of death? Medical Certification: To Be Completed 24a. Wes en eutopsy performed? After this certificate has 20 No 1 ☐ Yes 2 No 1 Yes 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: Nursing Homa 5 Rasidenca 6 Other (Specify) 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3□ DOA 27. Menner of Death 28c. fnjury at Work? 28b. Time of 28d. Describe how Injury occurred 1 Neturel 2 Accident 5 Pending investigation 1 Yas death. 3 Suicida 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

DivIsion of Vital Records, P.O. Box 68760, Director: / 22 å

> State Registrar

31. Deta filed (Month, Dey, Year)

29b. Signeture and title of cartifier

122 SPEER RD. 32. Registrer's Signetura

Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, and due to the cause(s) end menner es steted.

| Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner stated.

29c. License number

29d. Date signed (Month, Dey, Year)

CHESTERTOWN, MD

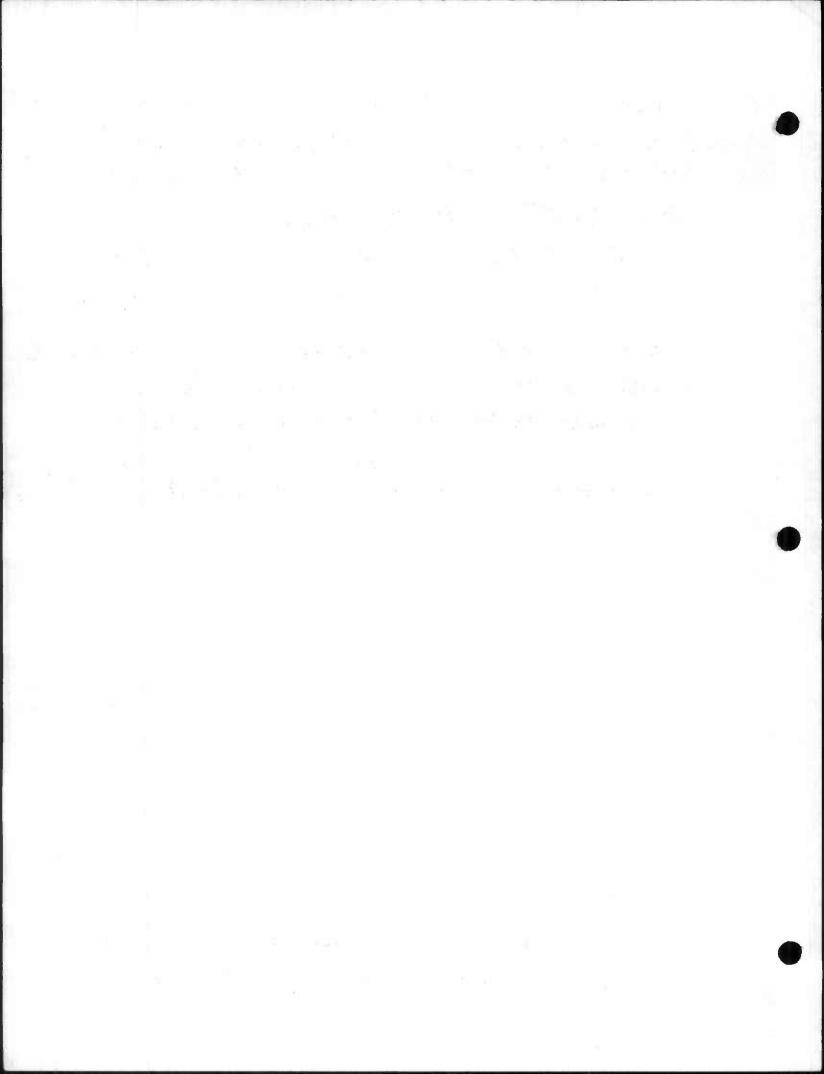
DHMH 16 Rev 6/95

29a. Certifier

HELEN A. NOBLE

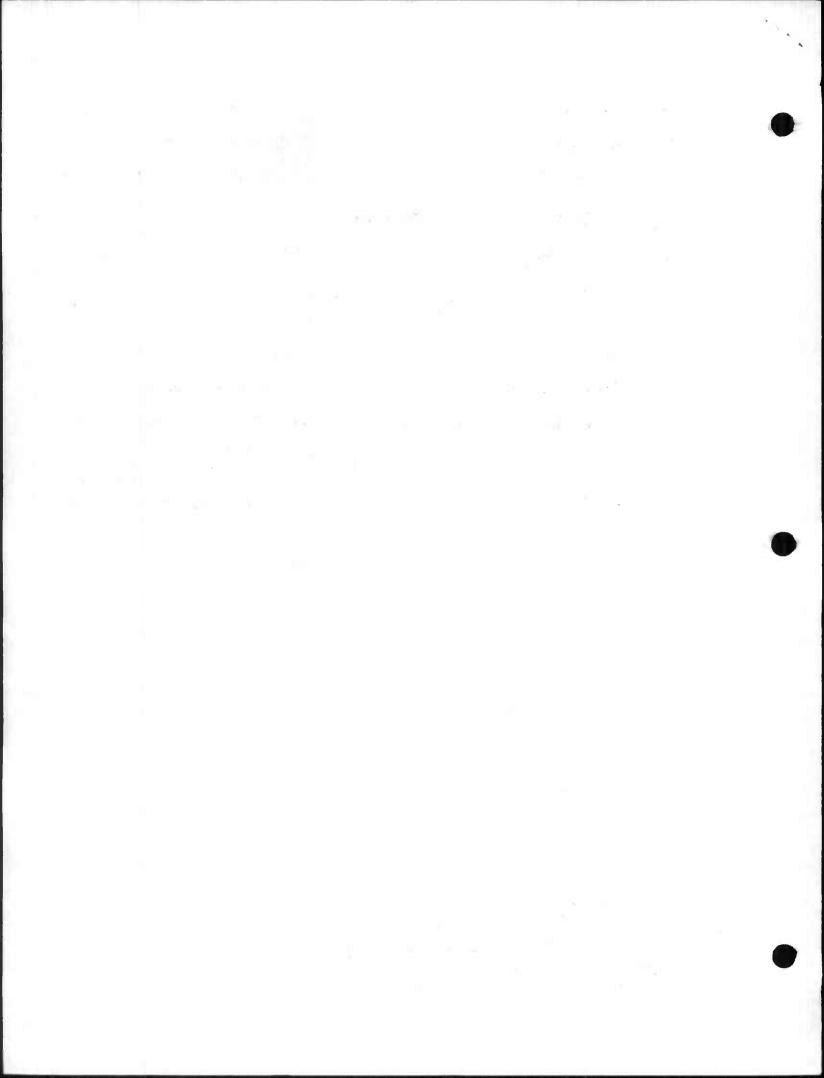
L. Ca. Vaindson

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9.7

			5	tate of Maryla		rtificate of	nealth and Mer <i>Death</i>	ıtaı myglei Reg.	- 1	10491
	Dharaini		1. Decedent's Neme (First, Middle, Last)					Defe of Deeth	Dey Year	3. Time of Death
	Physici /Media		Wilburn Aaron	-			A	pril :	5 1997	05:41
	Examir	er	4e. Fecility Neme (If not institution, give stre		- 11-6		4b. City, Town, or Location		4c. County of Deeth	i:
1			Baltimore VA M. 5. Social Security Number 6. Sex		s. last birthday)	If Under 1 Year	Ba Himer			- t (6)-t5i
	Funeral Director			2 F	73 Yrs.	Months Deys	Hours Min.	Date of Birth (Month, Day, Ye	9. Birti 601	nplece (Stete or Foreign untry) Arkansas
	hend we		10e. State 10b. County	10c. (City, Town or Lo	cation				10d. Inside City Limits
	uth with the Maryler 23a or 28a-f show ust be northed at	tor	Maryland Baltimor	*	Rose	dale				1 ☐ Yes 2 ☑ No
	or 28	Director	10e. Street end Number			10f. Zip Code		10g.	Citizen of What Co	unfry?
	23a vi		16 Windsor Way			2	1237		USA	\
20	should be filed within 72 hours after death with the Maryland and Mentel Hygiene. marked other than "naturel", or Items 23a or 28a-f show umatic event, the Medical Examinar must be notified a	by Funeral	1 Never Merried 2 Married	Wes Decedent Ever in Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give	9	Was Decedent of the first Yes, specify Cub. □ Yes 2 2 No	dispanic Origin? (Specify an, Mexican, Puerto Rica Specify:	Yes or No- an, etc.)	14. Rece - Amer Bleck, White Specify:	
8	72 hours "neturel",	ed b	15. Decedent's Education			fent's Usuel Occur	nation	16h	. Kind of Business/I	
215	n na	plet	(Specify only highest grade co	mpleted) College (1-4or 5+)	(Give	kind of work done DO NOT use retire	during most of working			1 1
21	d with	Be Completed	Liententary/secondary (0-12)	College (1-401 5+)			GUArd	Ec	prrectional	Institution
pu	ind 2 should be filed withli eith end Mentel Hygiene. 27 Is marked other than ir traumatic event, the M	Be (17. Fether's Neme (First, Middle, Last)				18. Mother's Name (Fi			
y la	Men Merke	To	JAMES Jor		I special state		Hatt		rouch	
Ma	0 0 m m		19e. Informent's Neme/Reletionship (Type, Catherine Jones	Print) Wift	19b. Meilir		and Number or Rural Ro			ip Code) 21237
a,	of Heelth of Heelth I Item 27 r other tr		20e. Method of Disposition	20b		sition (Neme of netory or other pie		-	Location - City or 1	
9	Peges nent of h nt: If he iry or of		1 ☐ Burial 2 Ø Cremetion 3 ☐ Remo			netory or other ple	The state of the s	1 8		Maryland
altimore, Maryland 21215-0020	permit. Peges 1 an Department of Heel Important: if Item 2 any Injury or other once.		21. Signeture of Funerel Service Licensee	EV		Name end Addre		•	of Memo	
m	SOFES		I livi a kin							ore HD 21234
			23a. Pert1. Enter the diseese, or complication shock, or heart feilure. List only one complications are complicated as the complex of the com	ons thei caused the de	eth. Do not ent	er the mode of dyi				Approximate Interval Between
	Physician									Onset end Death
7	/Medical Examiner		Immediete Cause (Finei disease or condition resulting in death) e. —	Pulm	onary	Eder	na			2 weeks
		-	,		(or es e consec					
	dansit	Examiner	Sequentially list conditions	Valvul	(or es e conseq		disease		i	
ó	icate be executed physicien end s the buriel-transit	Exa	Sequentially list conditions, if ony, leading to immediate cause. Enter Underlying Cause (Disease or injury c.	500 10	(01 03 0 0011360	delice cij.				
68760,	ate by hysici	edical	thet initieted events resulting in deeth) Lasf	Due to	(or as e conseq	uence of):				
	iow requires that the death certificate be axecuted as been signed by the ettending physicien end s 2 should be deteched for use es the buriel-transit		d							
Box	eath certifi ettending for use es	by Physician/M								
P.O.	t the de by the teched	hysi	Pert II. Other significant conditions contribu						. 4	to the cause of death?
	es thet igned t	y P	Chronic Obstructs	ve Pulm	onary.	Dizerse		1 Yes	2 jauno 3 □ Pr	obably 4 🗆 Unknown
Division of Vital Records,	require been sig should b							24a. Wes en a		Vere autopsy findings
ecc	has be	Completed						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		completion of cause of death?
E .	The ate h	Con						1 🗆 Yes	2.00 No 1	☐ Yes 2☐ No
Vita	delen: The	Be	25. Wes case referred to medical exeminer?	itali		100	26. Place of Deeth (C	heck only one)		
of	this ai di	2	1 ☐ Yes 2 No Hosp 27. Menger of Deeth 2	1294npatient 2	☐ ER/Outpatien	I SLI DOA	ner: 4 ☐ Nursing Home	5 Residence		uty)
e o	ding funer	tlon	1 Neturel 5 Pending 2 Accident investigetion	8e. Dete of Injury (Month, Dey Year)	Injury	28c. Inju Wo M 1□	rk? Yes 2 □ No	. Describe now i	njury occurred	
Visi	Attendir ar death. ector: A by the fu	Certification:	2 Suicide 6 Could not be	8e. Plece of Injury - At	home, ferm, str	eet, fectory, office	28f.		t end Number or Ru	ral Route Number,
Ö	Its after	Cert	1 Honicoe	building, etc. (Spec	olfy)			City or Town, S	(819)	
1		Ical	(Check only 2 Medical Examinar:	n: To the best of my ki On the basis of exami	nowledge, deeth	occurred et the tivestigetion, in my	me, dete end plece, end opinion, deeth occurred e	due to the ceuse t the time, dete	e(s) end menner as end piece, and due	steted. to the cause(s)
(and and and and and and and and and and	Medical	one) 29b. Signature and title of cegifier	end menner steted.		29c. Licens			Dete signed (Month	
,			D 16	*	- 417					
	12		30. Nerne end eddress of person who compl	eled cause of death (III	em 23a) (Tune	Print)	1408	np	701 3 , 17	• /
	10		Daniel A. Singe	MD, 2	2 5 Gr	cene St	. Baltmore	MD	21201	
	Sta	11	31. Dete filed (Month, Dey, Year)	32. Registrer Sig	desta					
	Registr	ar	APR 0 8 1997	-						



State of Maryland / Department of Health and Mental Hygiene

101.02

							Ce	rtificate of	f Death		Reg. No.	71	10432		
	Physic		1. Decedent's Name (First, M	liddle, L	(ast)	TA	KOBS			2. Dete of Dete Month	Day	Yeer 1997	3. Time of Death 17:03 PM		
3	/Medi Examir		4e. Fecility Name (If not instit	ution, g	ive street and nun				4b. City, Town, or L						
1			THE JOHNS H	PKI	NS HOSPI	TAL			BALTIMOR	E CIT	Y N/A				
	Funeral Director		5. Social Security Number 220-14-357	7	Sex M 2□ F	7. Age (In yr. 76	s. last birthday, Yrs.	Months Deys		8. Dete of Birth (Month, Day, Year) 09-30-1920		9. Birthplece (State or Forei Country) MARYLAND			
	put M		Usual Residenca of Deceder 10e. Stete 10b. Co.			100.0	City, Town or L	ocation				т.	10d. Inside City Limits		
	e Maryla	Director	MD BAI	,	MORE		TEVEN				1 □ Yes 2 🖟				
	ith th	Dire	10e. Street end Number					10f. Zip Code			10g. Citizen of	Whet Cou	ntry?		
	23a	rai	933 HILLSI	DE	RD.			211	53						
020	72 hours effer death with the Maryland "natural", or fems 23a or 28a-f show idical Examiner must be notified at	by Funeral	11. Merital Status 1 Never Married 2 3 Vidowed 4 Divo		12. Was Dece Armed For 1 XYes If Yes, Give Year or Da	ces? 2 ☐ No Tattat		Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 No.	Hispanic Origin? (Spuben, Mexican, Puerto Specify:			ace - American Indien, eck, White, etc.			
2-0	72 ho	ted	15. Deca	dent's l	Educetion rade completed)		16e. Dece	dent's Usuel Occu	upetion e during most of work	l-in-a	16b. Kind of E	Business/Industry			
d 2121	c	Completed	Elementery/Secondary (0-		College (1-	4or 5+)	life.	DO NOT use retir	red)						
			47 5 4 1 1 1 4 1		5+		NEWS	PAPER J	OURNALIS		JOURN		T		
	d da da	To Be	JOSEPH JAC		,				18. Mother's Nam		NS MCEL	1	ΥY		
an	d 2 should thend Men 7 is marke traumatic	-	19e. Informent's Name/Relet	ionship	(Type, Print)		19b. Mail	ing Address (Stree	et and Number or Ru	ral Route Num	ber, City or Town	, State, Zip	Code)		
	1 end 2 Health em 27 le		THOMAS D. W	ASI	HBURNE	(ATTY	.) 12	O EAST	BALTO. S	STREET	BALTO	.,MD	. 21202.		
Baltimore,				all Burial 2 Stremetion 3 Removel from State demonstrate 4 Donetion 5 Other (Specify) GREEN MOUNT CREMATORY04/07/97 BALTO., MD.											
Balt	permit. Pages Depertment of Important: If is any Injury or once.		21. Signature of Funeral Sen	rice Lice	ensee	11	2	2. Name end Add HENRY W		VS & S	SONS CO				
	Physician		23e. Part1. Enter the disees shock, or heert feilure.	e, or con List ont	mplications that cally one cause on ea	used the de ich line.							Approximate Intervel Between Onset end Death		
	/Medical Examiner		Immediete Ceuse (Finat diseese or condition resulting in deeth)		e. Acut		Er FA	quence of):					1 WEEK		
Н	D 45	Examiner			ACUT	e R	ENAL	FAILU)rs				2 WFFVS		
	and trens	Cam	Sequentially list conditions,		0.		(or es e conse						NO CO		
68760,	certificate be executed nding physicien and use as the bunel-trensit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest	<	. SEPS		(or es a consec	quence of):					2 WEEKS		
Box 68	aath certificete be executed attending physicien and Ior use as the buriel-trensit	in/Medical	resulting in deeth) Lest	U	d. CHron	10	BSTRU	CTUE	PULMONA	ary (DISEAS.	2	50 YEAR		
	death he atter	Physician/	Pert II. Other eignificent con	ditions	contributing to dea	ath but not re	esulting in the u	underlying cause g	given In Part I.	23b. DI	d tobacco use co	ontribute t	o the cause of death?		
S, P.O.	es thet the de igned by the a be deteched I	by Phy	PERFORATE	2 ;	DUODEN	AL U	licer			1)	Xyos 2□ No	3 ☐ Pro	bably 4 Unknown		
Vital Records,	s been s	Completed t									es en eutopsy rformed?	ev	Vere eutopsy findings veilable prior to completion of cause deeth?		
Ä	0 - 0	mo								10	Yes 2 No		□Yes 2No		
ita	ician: The certificete rector, pag	Be C	25. Wes case referred to me	fical					26. Place of Dee	th (Check only	y one)	1			
>	in 60	0	exeminer?		Hospitat:		TED/O		Other:		.14				

Hospitat: 2 ER/Outpetient 3 DOA 28b. Time of

26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

1 Yes 27. Menner of Deeth

5 Pending Investigation 2 Accident 6 Could not be determined 3 Suicide

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Location (Street and Number or Rural Route Number, City or Town, State)

28d. Describe how injury occurred

29a. Certifier (Check only one)

4 Homicide

Medical Certification: To

livision of Vital Records,

The Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pteca, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, death occurred et the time, date end ptace, end due to the cause(s) end menner steted.

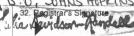
29b. Signature and title of certifie

29c. License number RES-DOC 29d. Date signed (Month, Day, Year)

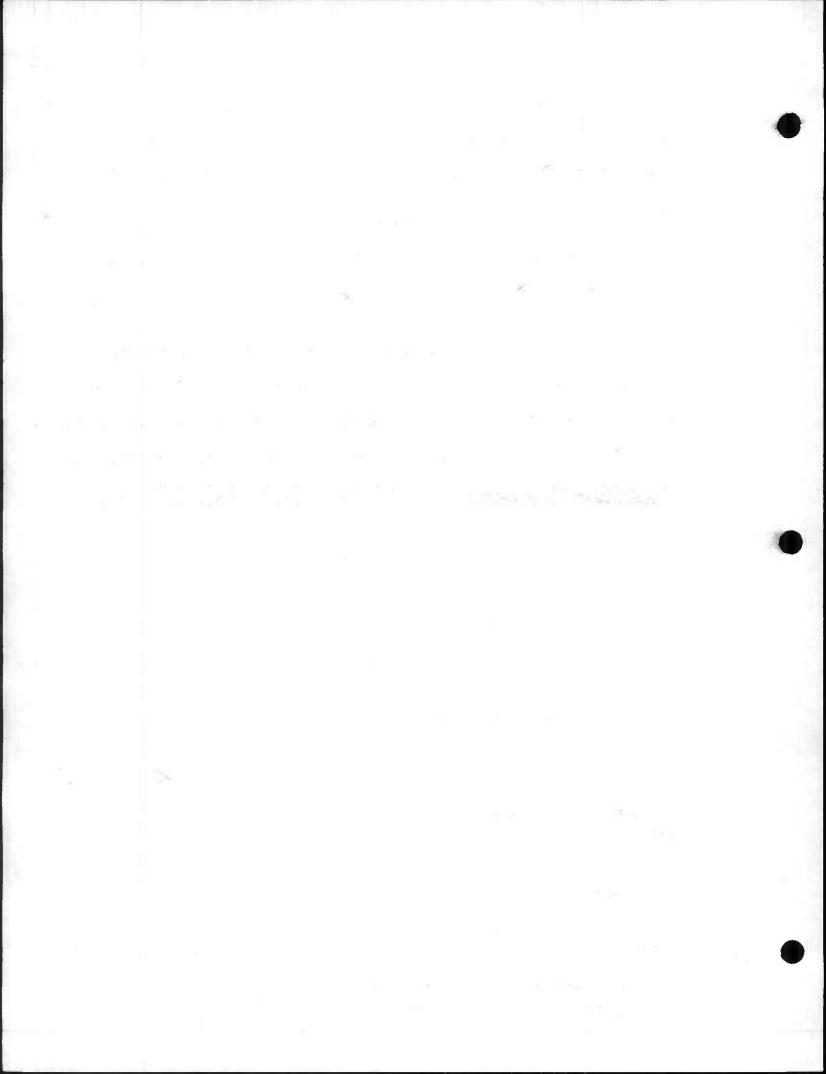
of deeth (Item 23e) (Type, Print)

MARY ELIGABETH HANLEY 31. Dete filed (Month, Day, Year) D.O. JOHNS HOPKINS HOSPITHL 600 N. WOLFEST BACTIMOTE, MD 21287

APR 0 8 1997



State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 10493 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month 455 pm TIMMIE LEE APRIL /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** SECOURS BALTIMORE HOSPITAL NIA 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** Months Deys 214-54-6313 Yrs. Director January 6,1950 Virginia Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Director 1 Yes 2 □ No Baltimore 10e. Street end Number 10g. Citizen of Whet Country? items 23a or Street ombard 2122 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 11. Maritel Status the Medical Examiner filed within 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 6 1 ☐ Yes 2 No Specify: Black Specify. þ 3 Widowed 4 Divorcad natural', Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 24RS. it of Health end Mental Hygin If item 27 is marked other 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) James 19e. Informent's Name/Relationship (Type, Print) (Sister indsor Avenue Baltimore Maryland 21216 20e. Method of Disposition

1 ★Burial 2 □ Cremation 3 □ Removal from State 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) permit. Pege Department of Important: If any injury or 4 Donetion 5 ☐ Other (Specify) Mt. Zion Cemetery 410-97 Landowne Maryland 21. Signature of Funerel Service License 22. Name and Address of Fecility Joseph H. Brown JR. Funeral Home, P.A. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate Approximete interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in death) **Examiner** Examiner ettending physician end for use es the bunal-tren Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of) P.O. Box 68760, Physician/Medical Due to (or as a consequence of) Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 1 Yes 2 □ No 3 ☐ Probably 4 ☐ Unknown should be det Records, Be Completed by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? certificate 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital to the Hospital or Attending Physician: Militin 24 hours efter death.
To the Funeral Director: After this certification the funeral director; After the funeral director; Exempletely filled in by the funeral director; Exempletely filled in by the funeral director; Exempletely filled in by the funeral director; Exempletely filled in by the funeral director; Exempletely filled in by the funeral director; Exempletely filled in by the funeral director; Exempletely filled in by the funeral directors. 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospital: 1 Napatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To Il Director: After this ad in by the funeral d 27. Manner of Deetl 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 29a, Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) and menner es steted.
2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred et the time, date and place, end due to the cause(s) end manner steted.

State Registrar

DHMH 16 Rev 6/95

29b. Signature and the of certifie

31. Dete filed (Month, Day, Year)

APR08

1997

290 License number

23a) (Type Arint) W. BALT

>: Warner Land Books for the first of the firs

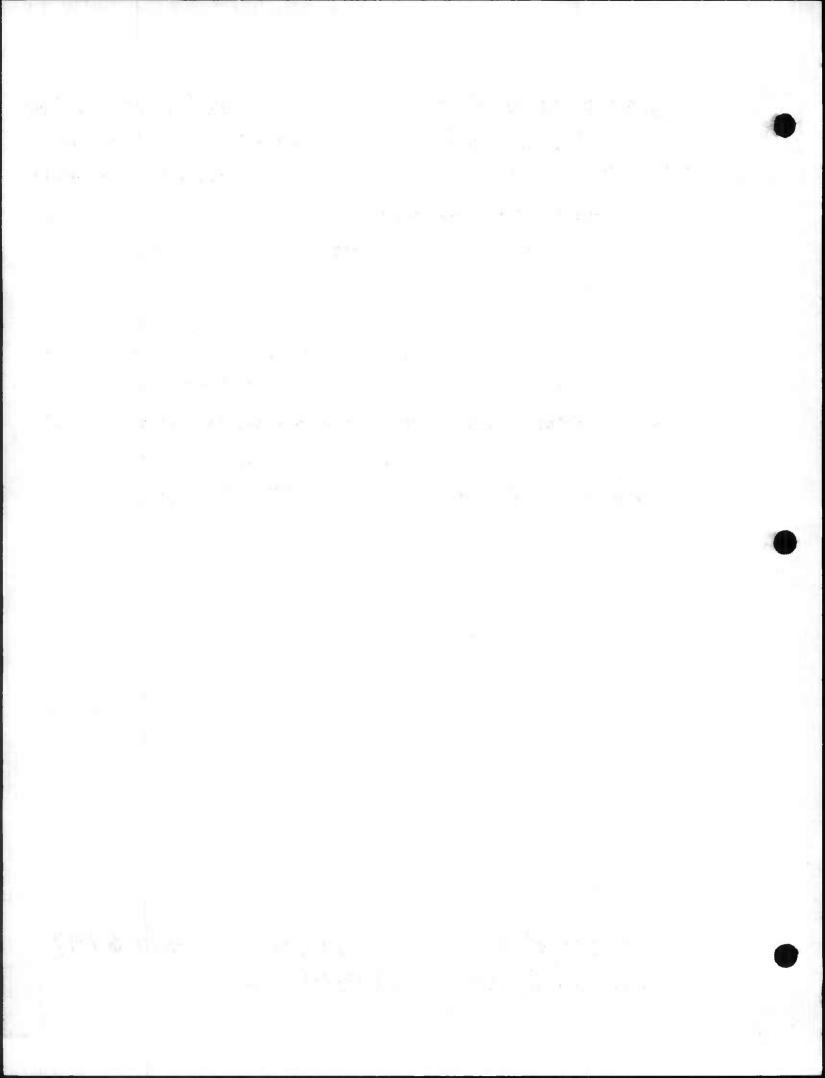
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

97

10494

Providing Model of Examiner Funeral Director F					Cert	ificate o	r Death		Reg. No.		
## As Section Name of first shallmane, page street approximately Social Section Number Social Sec			1. Decedent's Neme (First, Middle, Last, IGNIS Eliza	beth Keele	24			2. Data of Da Month		1997 6 OC	
Source Continue		r	505 BI	entwood Ro	ad		Edgeil	later	Anne	of Death P. Arundel	
Table Tabl	Director		565-52-6008 ¹⁰					8. Data of Bi (Month, D Oct. 2	irth ley, <i>Year)</i> 21,1937	9. Birthplece (State or Country) Californ	
Type Sign	e Maryland Sa-f show of ad at	1010		,						10d. Inside Cit 1 ☐ Yas	
Table Specific S	23a or 28	al Dire		oad						What Country?	
George Dice George Dice See Informent's Name/Feletionship (Type, Print) 196. Meling Address (Street and Number or Rural Rouse Number, City or Town, Stete, Zip Code) 196. Informent's Name/Feletionship (Type, Print) 196. Meling Address (Street and Number or Rural Rouse Number, City or Town, Stete, Zip Code) 196. Meling Address (Street and Number or Rural Rouse Number, City or Town, Stete, Zip Code) 196. Meling Address (Street and Number or Rural Rouse Number, City or Town, Stete, Zip Code) 196. Meling Address (Street and Number or Rural Rouse Number, City or Town, Stete, Zip Code) 196. Meling Address (Street and Number or Rural Rouse Number, City or Town, Stete, Zip Code) 196. Meling Address (Street and Number or Rural Rouse Number, City or Town, Stete, Zip Code) 196. Meling Address of Disposition (Name of Disposition) 196. Meling Address of Disposition (Name of Disposition) 196. Meling Address of Disposition (Name of Disposition) 196. Meling Address of Disposition (Name of Disposition) 196. Meling Address of Disposition (Name of Disposition) 196. Meling Address of Pacility 196.	al', or items Examiner in	2	1 ☐ Never Married 2 ☑ Merried	Armed Forcas? 1 ☐ Yas 2 ☑ No If Yes, Give				Specify Yes or N rto Rican, atc.)		ck, Whita, atc.	
George Dice Second	vithin 72 ho	Deleted	(Specify only highest gred	e completed)							
Ronald M. Keeley - Husband Substitution Subs	San San	מ	• • • •	e	рерит	y Dis	18. Mother's Ne	ma (First, Middle	e, Maiden Surnem		
Security Security	and z strut eaith and N n 27 is mer ner traumet		Ronald M. Keele	y - Husband	505	Brent		ad, Edg	gewater	, MD 2103	
Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 23a. Part; Enter the disease, 6-empications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory errast, for the cause of each fine. 23a. Part; Enter the disease, 6-empications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory errast, for the cause of each fine. 23b. Part; Enter the disease, 6-empications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory errast, for the cause of th	S = E O		1 ☐ Bunal 2 ☑ Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	emovel from State Me	tro Cr	etory or other p	ry				
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Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4			THE MINISTER EVAILS								
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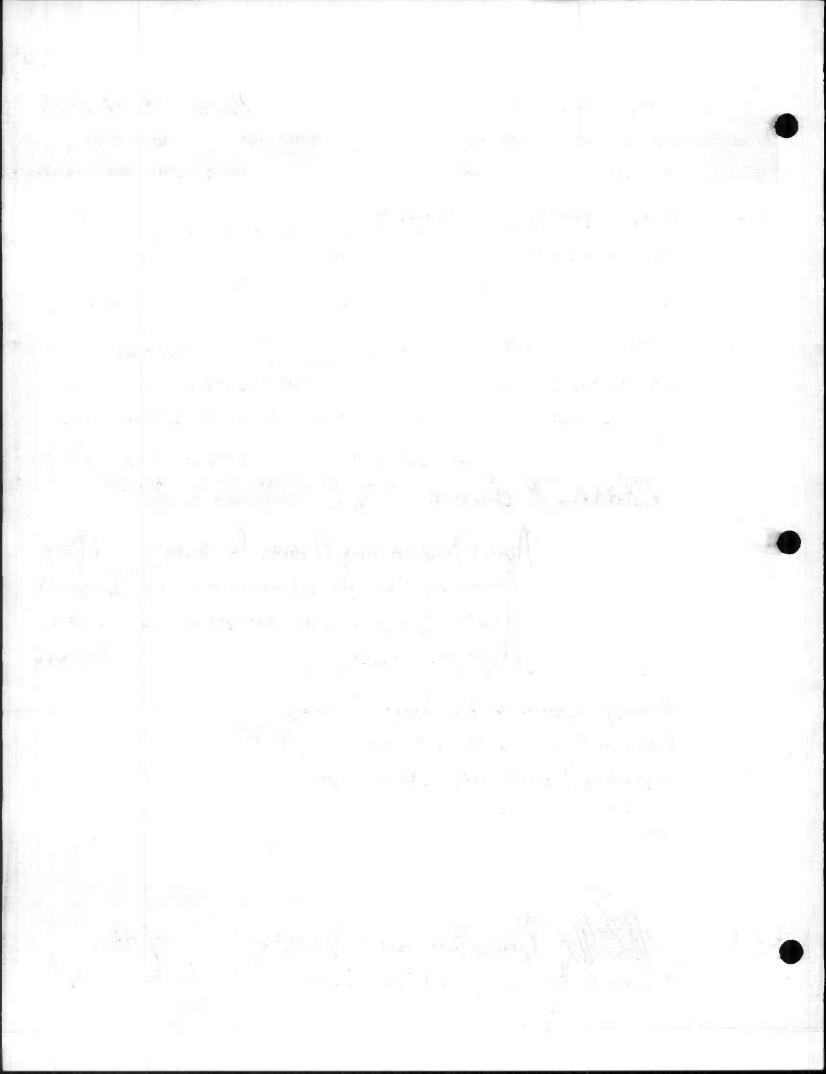
State of Maryland / Department of Health and Mental Hygiene

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							Cei	rtificate	of	Death		Reg. No.	21	1045
	Physic	an	1. Decedent's Name (First, M	iddle, Last)							2. Dete of De	eeth Dey	Yaara	3. Time of Death
_	/Medi		ELIZABETH D								March	2 22	3 47	1342
9	Examir		4a. Facility Name (If not institu						1	4b. City, Town, or L	ocation of Deat	h 4c. Cour	nty of Death	
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30	Funeral Director		5. Social Security Number 234-60-3311		IM 2⊠F	7. Aga (In yrs. 86	last birthday) Yrs.	if Under 1 Y Months D	ear eys	if Undar 24 Hrs. Hours Min.	8. Date of Bir (Month, De MARCH	oy, Year) 26, 1911	9. Birthi Coul WES	pleca (Stata or Foreigntry) T VIRGINIA
	and **		Usual Residence of Deceden 10e. State 10b. Cou			10c. Cit	y, Town or Lo	cation						10d. inside City Limit
	the Marylan 28a-f show	Director		ERKELI	EY		TINSBU	RG						1∭ Yes 2□N
	th with 23a or		10e. Straet and Number	STRE	ET			10f. Zip Co	da 54(01		U. S.		ntry?
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Maryland	ould be fi Mental H arked of	Be	BENNETT M. Del							18. Mother's Nam	D. BISH		eme)	
Z	should by and Menta	70	19a. Informent's Name/Relati		no Printl		10k Mailin	an Address (C)	4				- 0000	0.41
Ma	alth end 27 is me		ERWIN L. DeH		06, Filini)					end Number or Rus				MD 20878
Baltimore,	Item othe		20a. Method of Disposition 1 → Burial 2 → Cramati	on 3 □Ro	emoval from		lace of Dispo	sition (Neme one tory or other	of		Date	20c. Locatio		
altim	permit. Page Department of Important: If any injury or once.		4 ☐ Donation 5 ☐ Other 21. Signature of Funeral Serv		10	ROS		CEMETE			/31/97	MARTIN	SBURG,	, WV
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x 68760,	Physician Medical permitted by the property of	/Medical Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events rasulting in death) Last	{	A	Due to (or	r as a conseq	uence of):) comes or Con	SYNS GERTIC	Acm E	1 CAN	Onsat and Deeth DAY DAY DAY DAY SECANOS
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	ysicien: The law is certificate has b director, pege 2 s		25. Was case referred to med	A61	TARO	on Ar	n De	NENT	R	-	10			Yes 2 No
of Vital	Physicien: this certific ral director,	To Be	exeminer?	-	ospital:	mpatient 2	ER/Outpatien	* 3 DOA	Oth	er:	ome 5 ☐ Resi		When (Coord	*.0
	ng Phys fter this uneral di		27. Manner of Deeth 1 ☑ Natural 5 ☐ Per	ding		of Injury th, Dey Year)	28b. Time of injury	28c.	Injur		28d. Describe			<i>y</i> /
Division	ospital or Attending Ph I hours effer death. unerel Director: After thi wifiled in by the funeral	Certification:	2 ☐ Accident inve	stigation and not be armined		of Injury - At ho		M eet, factory, of		Yas 2□No	28f. Location (City or To		mber or Run	al Route Number,
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State Registrar

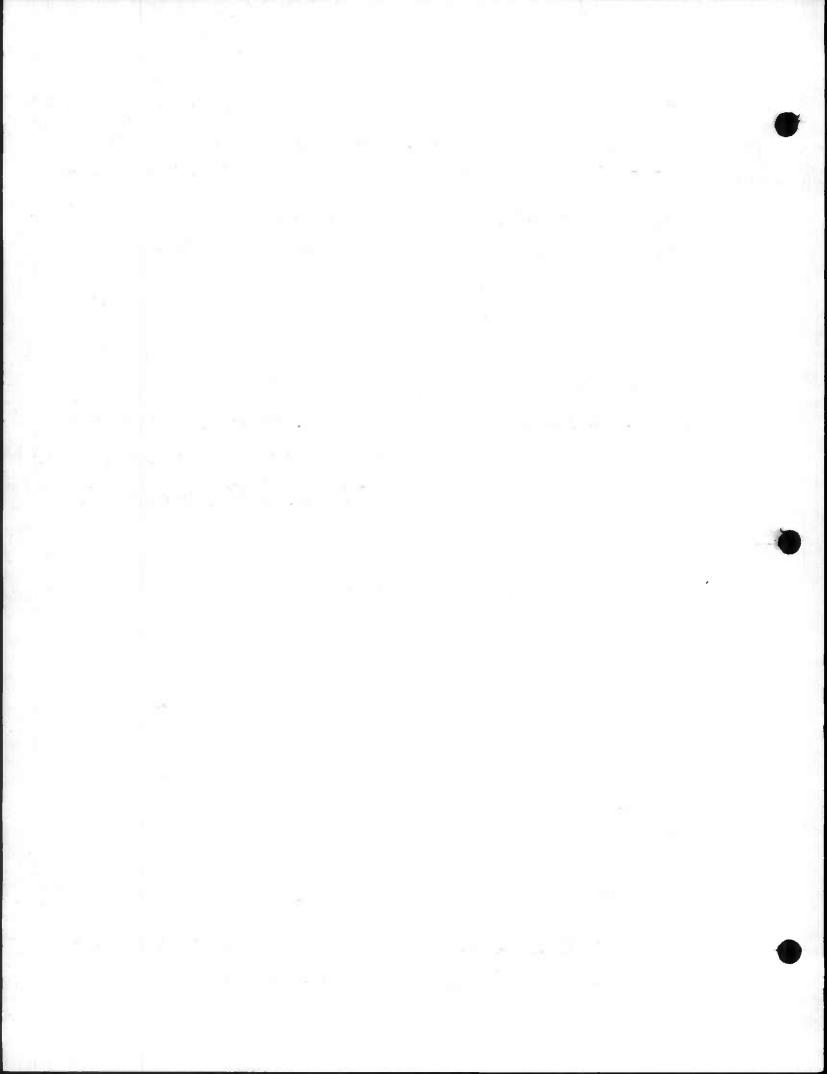
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State of Maryland / Department of Health and Mental Hygiene

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					Certif	ficate of	Death	Re	eg. No.						
	Division		Decedent's Name (First, Middla, L.					2. Date of Deat Month	h	Vana	3. Time of Death				
	Physic /Medi		Mary	List	rer			April 6	Day 1997	Year	12:55 PM				
	Exami		4a. Facility Name (If not institution, gi	ive street and numbar)			4b. City, Town, or Lo		4c. County						
į.	Funeral Director			ayview Medical Sex 7. Age (In yrs. 10 M 25xF 91	last birthday) I	f Undar 1 Yaar lonths Days		e City 8. Date of Birth Month, Day, July 22	Year) 1905	N/A 9. Birthp Coun Peny	place (State or Foreign http) VSYLVANIA				
	Anylend show	ō	10a. State 10b. County		y, Town or Locati		2 . 1-81			1	10d. Inside City Limits				
	28a-	Director	Maryland Bo	altimore	1.	10f. Zip Code	Dundalk	4	Oa. Citizen of \	Minot Cove					
	ath with \$ 23s or	rai Dir	7416 Holabird A				21222		United	Star	tes				
0700	be filed within 72 hours effer death with the Marylend Ial Hygiene. d other than "naturat", or items 23s or 28s-f show event, the Medical Expriser must be notified at	by Funerai	11. Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowad 4 □ Divorced	12. Was Decedent Ever in U. Armed Forcas? 1 ☐ Yes 2 12 No If Yes, Give Yaar or Dates:		S Decedent of as, specify Cub	Hispanic Origin? (Specan, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		ck, White,	ean Indian, etc. ite				
2	in 72 hc	ete	15. Decadent's E (Specify only highest gi	Education	16a. Decedent	's Usual Occu	pation	na	16b. Kind of B	usiness/In	dustry				
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	Hys office and,	Bec	17. Fathar's Name (First, Middle, Las	t)			18. Mother's Name	(First, Middle, N	Aalden Surnan	ne)					
Maryland		To B	Andrew Patrick				Anna Rem	sick							
<u>_</u>	nd M	-	19a. Informant's Name/Relationship	(Type, Print)	19b. Mailing A	ddress (Stree	t and Number or Rure	al Route Number,	City or Town,	State, Zip	Code)				
			Betty L. Zajac/Do	wahter	9312 Mc	intego	Ave. Parl	rville.	Marula	nd 2	21234				
ē,	s 1 end 2 f Health Item 27 i		20a. Method of Disposition	20b. P	Place of Disposition				20c. Location						
gaitimore,	permit. Pages 1 end Department of Health Important: If Item 27 any injury or other tr once.		% (CXBurial 2 ☐ Cremation 3 [4 ☐ Donation 5 ☐ Other (Spec	ify) Oa	k Lawn (Cemeter	y 4/9/199				Maryland				
g	Depar impor any ir		21. Signature of Funeral Servica Lica	insee S	Duc 793	ama and Addr da-Ruck 22 Wiso	ess of Facility Funeral to Ave. Dw	Home of	Dundal	k, In	1222				
	Physician		23a. Part1. Enter the disease, or cor shock, or heart feilure. List only	nplications that caused the death y one cause on each line.						1	Approximate Interval Between Onsat and Death				
1192	/Medical Examiner	16	Immediate Cause (Final diseasa or condition resulting in death)	a. Acute respi				lrome		į.	2 months				
	bed isit	Ě		b. Myocardi	al int	farct	ion			(+ months				
Ď,	icate be executed physician and s the buriel-transit	i Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (o	r as e consequen	anca of):									
X 68/60,	requires that the deeth certificate be executed seen signed by the attending physician and thould be detached for use as the buriel-transit	/Medical	that initiated events resulting in death) Last	Due to (or		2 months									
ô	attending for use a	cian													
л О	et tha de d by the a etached	Physician/	Part II. Other significant conditions	contributing to death but not resu	ulting In the under	rlying cause gi	ven in Part I.	23b. Did to	bbacco use contribute to the cause of death as 2 No 3 Probably 4 Unknow an autopsy 24b. Were autopsy findings						
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5	s cer direc	0	examiner? 1 ☐ Yes 2500	Hospital:	ER/Outpatient	3□ DOA Ot	her: 4 Nursing Hor			er (Specif	b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No				
046	Mfter thi	ition: T	27. Manner of Death 27. Manner of Death 5 Pending 2 Accident investigation	28a. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju Wo		28d. Describe ho			77				
	after down Birector: A	Certification:	3 Suicide 6 Could not learnined	De Con Plans of Laboration At he	ome, farm, street,	factory, office		28f. Location (Sti City or Town		er or Rura	I Route Number,				
	To the Hospital or within 24 hours after To the Funeral Director Completely filled in the complete of the comp	edicai C	29a. Certifier (Check only one)	hyalcian: To the best of my knor miner: On tha basis of examinal and manner stated.	wledge, deeth oction and/or Invest	curred at the ti Igation, in my	me, date and placa, a opinion, death occurre	and due to the ce ed at tha time, da	ouse(s) and ma ate and placa,	anner as st and due to	lated. the cause(s)				
	o the o the omple	Me	29b. Signature and title of cartifle	and manifel stated.		29c. Lican	sa number	729	9d. Data signa	d (Month	Day, Year)				
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	3		30. Name and eddress of person who		1 23a) (Type, Prin	so Ha-	kins Hos	in:tal							
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	Sta Registi		APRO8 1	39)											



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM#9 PER F.H. 4/8/97 FLM#G746 J.A. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** LEE 1997 9:38 m /Medical 4a Fecjlity Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 05 TONE Under 24 Hrs. 5. Social Security Number 262-22-943 Usual Residence of Decedant 6. Sex 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country) **Funeral** 1 M 2 F Months Deys Hours Min. FLORIDA Director 05 the Maryland 10a. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits iral", or items 23s or 28s-f short Examiner must be notified at 1 Yes 2 No Funeral Director DArylond 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death with 6291 U, 12. Was Decedent Ever in U.S. Armed Forces? 14. Rece - American Indian, Bleck, White, etc. 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Pages 1 and 2 should be filed within 72 hours efter of each of Health and Mental Hygiene. ntt. if tem 27 is marked other than "natural", or ite, any or other traumatic event, its Mental Earn in yor other traumatic event, its Mental Earn in Section 1. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify Completed by 3 ₩idowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working) iffe. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Government STENOGRA Fether's Neme (First, Middle, Last) Mother's Neme (First, Middle, Maiden Surname) Be Keu 19e. tnformant's Name/Reletlomship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Depertment of Health e important: if item 27 is any injury or other train R LEIGING Method of Disposition 20b. Plece of Disposition (Net 20c. Location 1 Burial 2 □ Cremetion 3 □ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 0 Approximete Intervel Between Onset end Deeth Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as or has a feilure. List only one cause on each line. **Physician** /Medical HYPOXIA Immediete Ceuse (Finel 10 DAYS disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner physician and the buriel-trensit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in deeth) Lest Due to (or es e consequence of): The law requires that the death certificate be execu P.O. Box 68760, Physician/Medical Due to (or es e consequence of): esn Part II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably Onknown 1 ☐ Yes 2 ☐ No NEUMONITIS Records, Completed by 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? page 2 should 24a. Was en eutopsy certificate 1 Yes 2 1 No 1 Yes 2 No Division of Vital or Attending Physician: Be 25. Wes cese referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA this funeral 27. Menger of Deeth 28e. Dete of trijury (Month, Day 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After Naturel 2 Accident 5 Pending investigation after death. 1 Yes 2 No 124 hours after dea • Funeral Directo sletely filled in by the 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and manner es steted. **Tedical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one)

State Registrar

31. Date filed (Month, Day APR08

29b. Signeture end title

a

32. Registrer's Signature Deviden

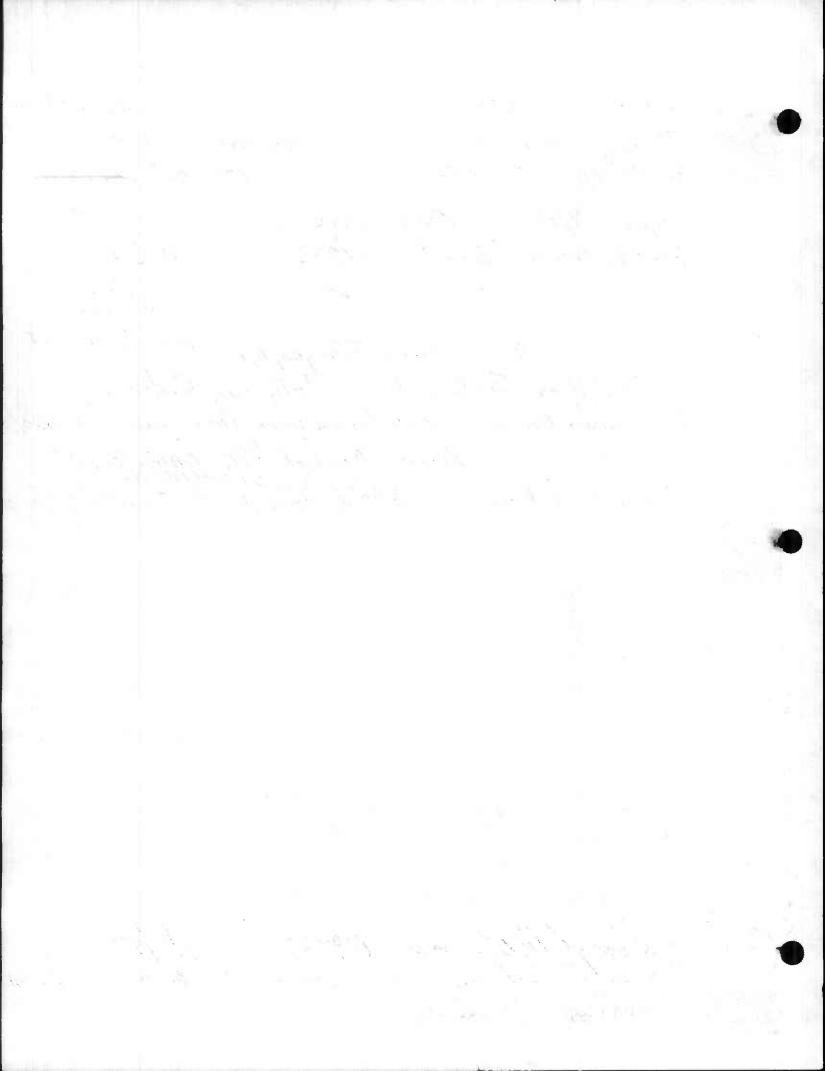
address of person who completed cause of deeth (Item 23e) (Type, Print)

MI

29c. License number

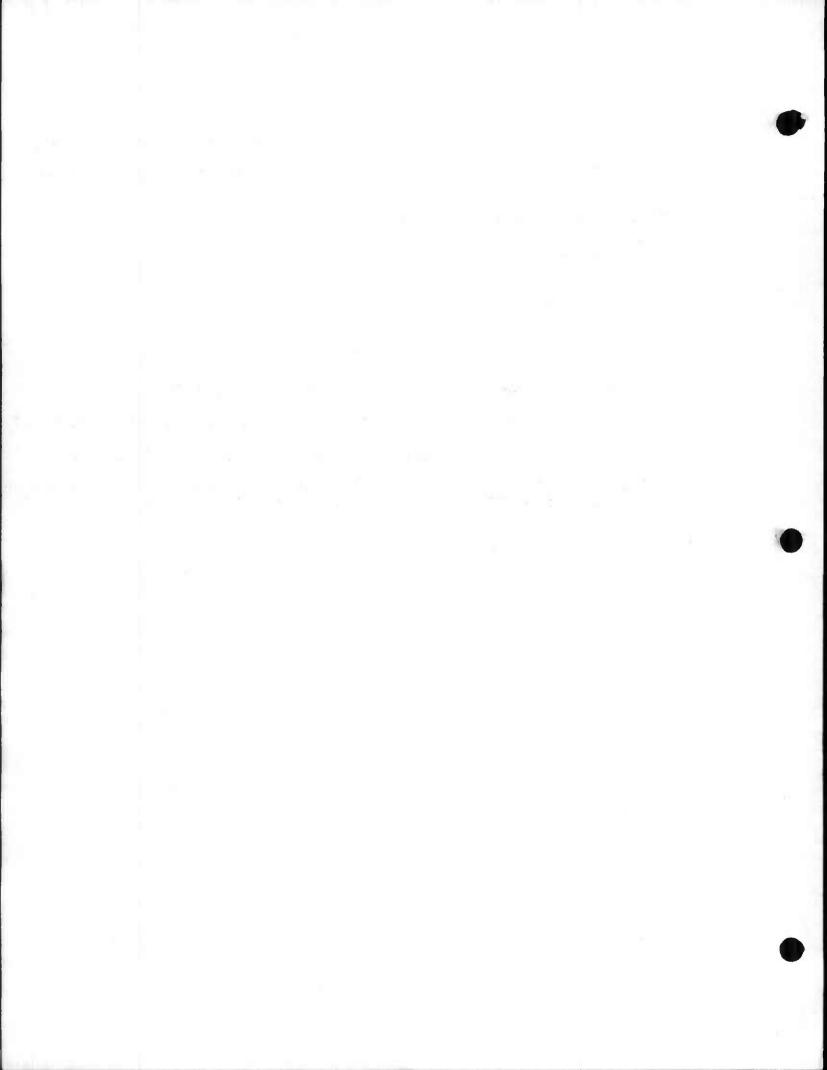
29d. Date/signed (Month, Day, Year)

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Certificate of Maryland / Department of H		Reg. No. 97 049					
Dhye	cicia	Decedent's Neme (First, Middle, Last)	2. Dete of D Month	Dey Yeer 3. Time of Deetl					
Phys /Me	edica	FIGURE S LIOVO	April	3, 1997 8:00					
Exar		4- Faulth Name (Manthalan all all all all all all all all all	b. City, Town, or Location of Dee	th 4c. County of Deeth					
		841 White Ave.	Linthicum Hg	ts. Anne Arundel					
Funer		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year Months Deys	If Under 24 Hrs. 8. Dete of B	irth 9. Birthplece (State or Fore Country)					
Direct	or	216-46-1864 X 40 Yrs.		8, 1956 Maryland					
and *		Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location		10d. fnside City Lim					
Aaryla sho			L	1 ☐ Yes 2 ☐					
the A		Md. Anne Arundel Linthicum Heigh 10e. Street end Number 10f. Zip Code	ITS	21.					
with	i			10g. Citizen of Whet Country?					
eath rs 23		841 White Ave. 21090 11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? 1□ Never Married 2☑ Merried 1□ Yes 2☑No		USA lo- 14. Race - American Indien,					
lter d		Armed Forces? 1 Never Married 2 Merried 1 Yes 2 No	spenic Origin? (Specify Yes or N n, Mexican, Puerto Ricen, etc.)	Bleck, White, etc.					
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2 should end Men is marke	1			ber, City or Town, Stete, Zip Code)					
s 1 and 2 should f Heelth and Mer flem 27 is marke other traumatic		David Lloyd - husband 841 White Av	e. Linthicu	m Heights, Md. 21					
permit. Peges 1 end Department of Heelth Important: If item 27 any Injury or other tr		20e. Method of Disposition 20b. Place of Disposition (Neme of	Dete	20c. Location - City or Town, Stete					
Peges nent of I		1 (XBuriel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Meadowridge Mem	14/	Elkridge, Md.					
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SOE E	OUC 8	Gary L. K	aufman Funer	al Home at Meadow					
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The lew requires that the death cert site has been signed by the ettending page 2 should be detached for use		Pert II. Other efgnificent conditions contributing to death but not resulting in the underlying cause give	on in Pert I. 23b. Did	I tobecco uee contribute to the cause of dee					
at the	į		10	Yes 2 No 3 Probably 4 Unkn					
es the	3			/					
aguir sen s ould				s en eutopsy lormed? 24b. Were eutopsy tinding eveilable prior to					
ew r	1			completion of cause of death?					
The ste h			10	Yes 2 No 1 Yes 2 No					
ian: rtifice ctor,	100	25. Was case referred to medical	26. Place of Death (Check only	one)					
Attending Physicien: The lew rideath. sctor: After this certificete hes by the funeral director, page 2 s	1	examiner? 1	r: 4 Nursing Home 5 Res	sidence 6 Other (Specify)					
g Ph ter th	1		et 28d. Describe	how injury occurred					
ath.	1	1 Neturel 5 Pending (Month, Day Feat) Injury Work 2 Accident Investigation M 1 □ Y	res 2 □ No						
r Att	Contification	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Placa of Injury - At home, tarm, street, fectory, office building, etc. (Specify)		(Street end Number or Rural Route Number, own, State)					
itai o las et led ir	3								
4 hou uner	100	29a. Certifier (Check only 2 Medical Examiner: On the basis of examination end/or investigetion, in my op	e, date end place, end due to the	ceuse(s) end menner es steted.					
To the Hospital or Attending Physwithin 24 hours effer death. To the Funeral Director: After this completely filled in by the funeral di	3	and menner stated.							
P N P	٦١٦	250. Closing		29d. Dete signed (Month, Dey, Year)					
1	7	matifda H. So, mo DZ	6250	417197					
(O	and an analysis	30. Name end eddress of person who completed cause ot deeth (Item 23e) (Type, Print)	6250 herrille M						
	/	MATILDA H. SO, 1447 Your Rd, Tut	therrele M	D. 21093.					
	State	31. Dete tiled (Month, Day, Year) 32/Registrar's Signeture							
Regi	strai	APRO 8 1997 Julia Davidson-Randalle							

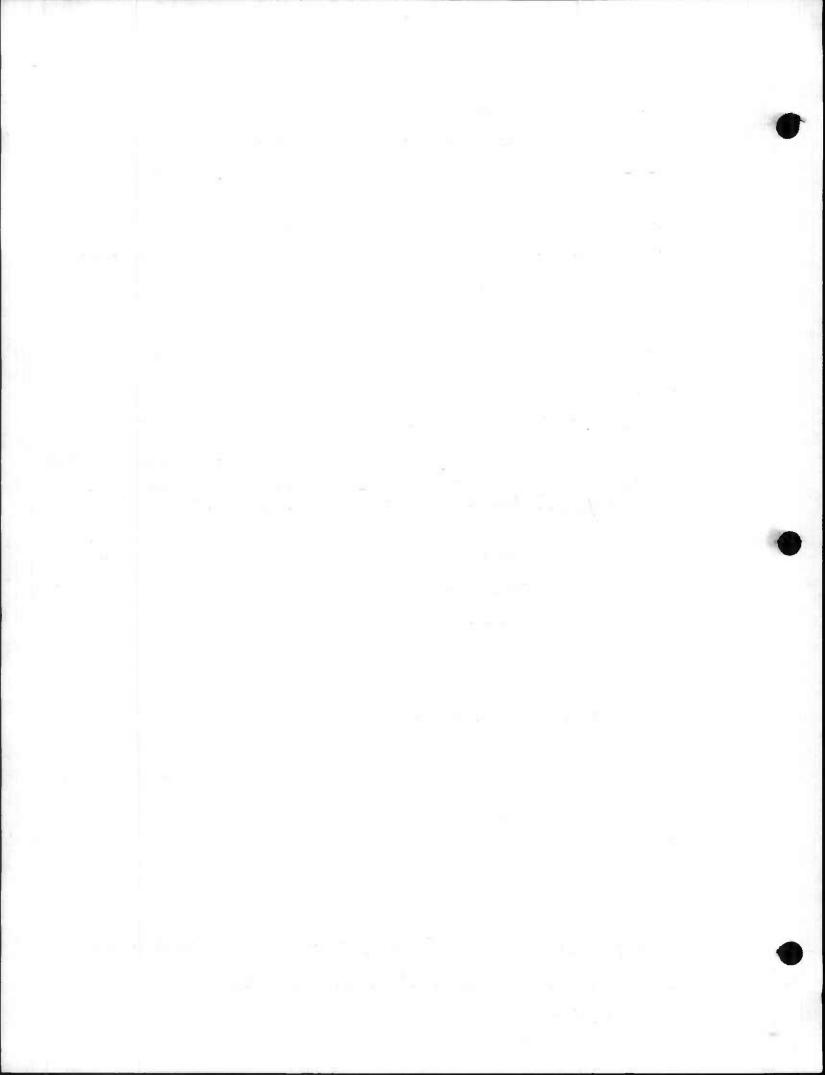


State of Maryland / Department of Health and Mental Hygiene

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					Ce	rtificate of	Death		Reg. No.		
Physic /Medi		Decedent's Neme (First, Middle, I Jennie		rino				2. Dete of D Month April	Dey	Year	3. Time of Death
Exami		4a. Fecility Neme (If not institution, g	nive street end numb Bayview M	er) Medical			4b. City, Town, or Baltimor	Location of Dee	th 4c. County	/A	
Funeral Director		5. Sociel Security Number 6. 219-28-9569 Usual Residence of Dacedent	. Sex 7. 1 □ M 2 □ F	Age (In yrs. la	est birthday) Yrs.	If Under 1 Year Months Deys		. (Month, D	irth ey, Year) 6,1901	9. Birthpl Count Ita	lece (Stete or Foreign try) LY
Mot W		10e. State 10b. County		10c. City,	, Town or Lo	ocation				10	0d. Inside City Limits
r 28a-f si notified	Funeral Director	Maryland Bo	altimore			10f. Zip Code	Dundalk		10g. Citizen of	Whet Coun'	1 ☐ Yes X(X)No
23a o	a D	213 Detroit Ave	nue				2122	2	Unite	d Sta	tes
end Mentel Hygiene. Is marked other than "natural", or Hems 23s or 28s-f show raumatic event, the Medical Evanture must be notified at	by Funer	11. Marital Status 1 Never Married 2 Married	If Yes, Give	es? No		Was Decedent of If Yes, specify Cul 1 ☐ Yas 2√ No	Hispenic Origin? (Spen, Maxican, Puer	Specify Yes or N rto Rican, etc.)	o- 14. Rad Ble	ce - Americe ck, Whita, e	etc.
tural'		3℃ Widowed 4 □ Divorced 15. Decedent's	Yeer or Dete	9S:	160 Door	dent's Usuel Occu	motion		16b. Kind of B		White
f Haalth and Mentel Hygiene. Item 27 is marked other than "nature other traumatic event, the Medical	Completed	(Specify only highest g Elementary/Sacondary (0-12)	collega (1-4)	or 5+)	(Give	kind of work done DO NOT usa ratin	e during most of wo ad)	orking			ustry
Hygie ther t		7 Years 17. Fether's Name (First, Middle, La:	st)		Н	omemaker		ma /First Middle	Own B. Malden Suman		
end Mentel Hygiene Is marked other that aumatic event, the	To Be	Lorenzo Metallo						arie Fic			
ls m		19a. Informent's Name/Relationship		ughter		-	et end Number or R				
Department of Haalth Important: If Item 27 any Injury or other ti pncs.		Mary Jane A. Wi 20e. Method of Disposition	ldberger	20h Ple		Detroit sition (Name of	Avenue	Vundalk,	Maryka 20c. Location		1222
		1 □XBuriel 2 □ Cremetion 3		ate ce.	metery, crar	netory or other pla				•	
227		4 ☐ Donetion 5 ☐ Other (Special Signeture of Funeral Service Lice		St.		slaus Ce 2. Name end Addr	metery 4	/7/1997	Dunda	Kk, M	aryland
Depa Impo any Ir			α	0	1	Juda - Punk	FUNDARI	Home o	6 Dundal	k, In	
		23e. Pert1. Enter the diagrase, or co shock, or heert fallera. List on	mplications that cau	sed the death.	Do not ent	922 Wise	ing, such es cerdia	undalk,	Marylan errest.	d 21	222 Approximete
ysician		shock, or heart failura. List on	y ona cause on eec	h line.		,		,	,	1	Interval Between Onset end Deeth
Medical kaminer		Immediate Ceusa (Final diseasa or condition resulting in death)	_e Arryth	mia						2	O min
iding physician and ise as the bunel-transit	Examiner		Cardia	Due to (or	as a consec emia	quence of):				2	2-3 years
and el-tran	xan	Sequentially list conditions, if eny, leading to immediate	Pneumo		es e consec	(uence of):				1	day
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s peen s	Completed b								s an autopsy formed?	eva	ara autopsy findings allable prior to applation of ceuse deeth?
page	Son							1 🗆	Yes 21 No	1 🗆	Yes 2⊠ No
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fler	lo	27. Mannar of Deeth 1 Natural 5 Pending		Day Yeer)	28b. Time of Injury	Wo		28d. Describe	how injury occur	red	
ifter deat Sirector: in by the	Certification:	2 Accident invastigati 3 Suicide 6 Could not 4 Homlcide detarmina	be 28e. Plece of	Injury - At hor atc. (Specify)		eet, factory, office	Yes 2 No		(Street end Numi own, Stete)	ber or Rural	l Route Number,
within 24 hours after To the Funeral Dir complately filled in	edicai C	29a. Certifier (Check only one) 1 Cartifying F 2 Medicai Ext	Phyeician: To the be aminar: On the besis and menner	s of axamination	ledge, daath on and/or in	occurred at the t vestigetion, in my	ime, data end plac opinion, daath occ	e, end dua to tha urred at tha tima	a causa(s) and ma , data and place,	annar as sta and dua to	ated. the ceusa(s)
within 24 To the Fu	Me	29b. Signeture and till a of certifier			0	1	nsa number		29d. Dete signe		
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4		30. Nema and addrass of person who Louise McCullou			V		re MD 3	21224			
Sta	ite	31. Data filed (Month, Dey, Year)	32 Regi	istrer's Signatu	ILB		re/ LID 2	.144			
Regist		APR 0 8 1997	1 1	Lavidson	-Mandel	e.					
H 16 Bay 6/0	5		U								

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Death Day **Physician** 7 34 PM PEARL MODRE - BESSICK CATHERINE APRIL 1997 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** BALTIMORE St Cours HOSPITAL If Undar 24 Hrs. 5. Social Security Number 6. Sax 7. Age (In yrs. last birthday) If Under 1 Yaar 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months 1 M 2 F Days 212-22-7267 Director AA.CO, MARYLAND Usual Residence of Decedent 10e. State show 10c. City. Town or Location 10d. Inside City Limits Examiner must be notified at 1 Yas 2 □ No Director BALTIHORE MARYLAND 28a-f 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? items 23a or BENSON 3320 AVENUE daath v 21227 14. Race - Amarican Indian, Black, White, etc. Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 No
If Yas, Give 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11 Marital Status hours aftar 1 Never Married 2 Merrled 6 Saltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify Specify: BLACK by 3 Widowed 4 □ Divorced "natural", Yeer or Dates: the Medical Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 72 h
Department of Haalth and Mental Hygiana.
Important: If Item 27 is marked other than "natu
any injury or other traumatic event, the Medical Elementary/Secondary (0-12) College (1-4or 5+) AUNDRY WORKER 16 TH GRADE 18. Mother's Name (First, Middla, Maiden Surname) 17. Fether's Neme (First, Middle, Last) 2 VERNON MOORE RACHEL 19e. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ROBERT MOORE (SON KEVIN ROAD, BALTIMORE, MD, 21229

Ition (Name of Date 20c. Location - City or Town, State 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 4-10-97 ARBUTUS, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) ARBUTUS CEMETERY 21. Signature of Funeral Service Licensee 22. Name and Address of Facility TOSEPH H. BROWN JR. FUNERAL HOME, P.A. Q140 N. FULTON AVE., BALTIHORE, HD. 21217 23a. Part . Enter the diseasa, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate fnterval Between Onset and Deeth **Physician** (1) Exterococcus /Medicai Immediate Ceuse (Final disease or condition resulting in death) Examiner Physician/Medical Examiner sician and burial-transit The law requires that the death cartificate be executed Sequentially list conditions, if any, leeding to immediate ceusa. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): tha signed by the a Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Srillation 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed 24b. Were autopsy findings availabla prior to completion of cause of death? paga 2 should 24e. Was an eutopsy parformed? obesit 1 ☐ Yes 2 No cartificata 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) 2

Box 68760 P.O. | Records, of Vital or Attanding Physician: + hours after death.

Funeral Director: After this of the funeral di Division

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Menner of Death 1 Naturel 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Yes 2 Accident 6 Could not be determined 3 Suicida 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide

29a. Certifier (Check only Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner stated.

KOGO W

29b. Signature end title of certifier

29c. License number 29d. Dete signed (Month, Day, Year)

Chiffe in Thomason MA 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

AD41 FFE 31. Date filed (Month, Day, Year) APR 0 8 1997

THOUGHT NED. 32. Registrar's Signeture MORTHERN

Registrar

edicai

ospital

